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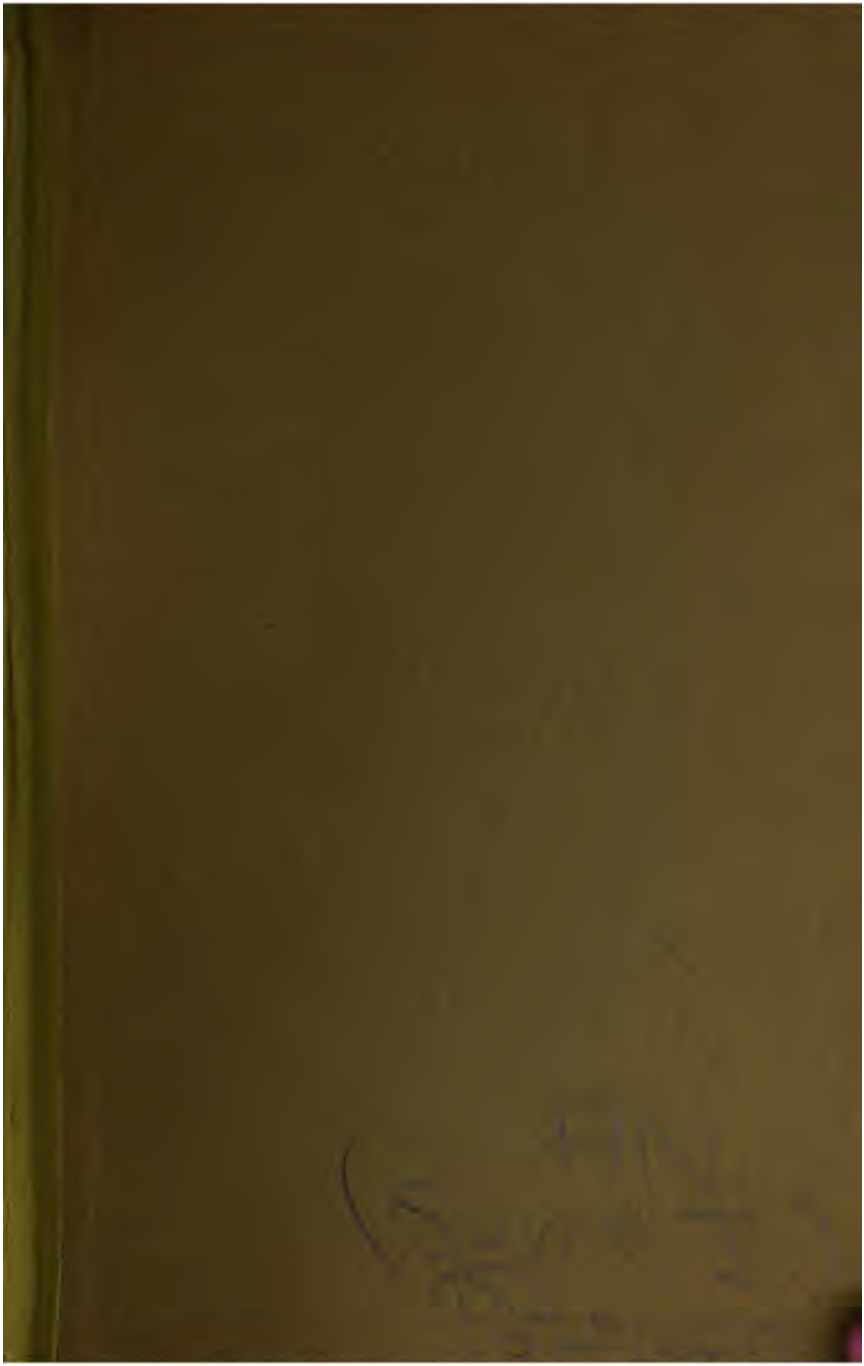

MEMORIALS

OF THE

LIFE OF JAMES SYME

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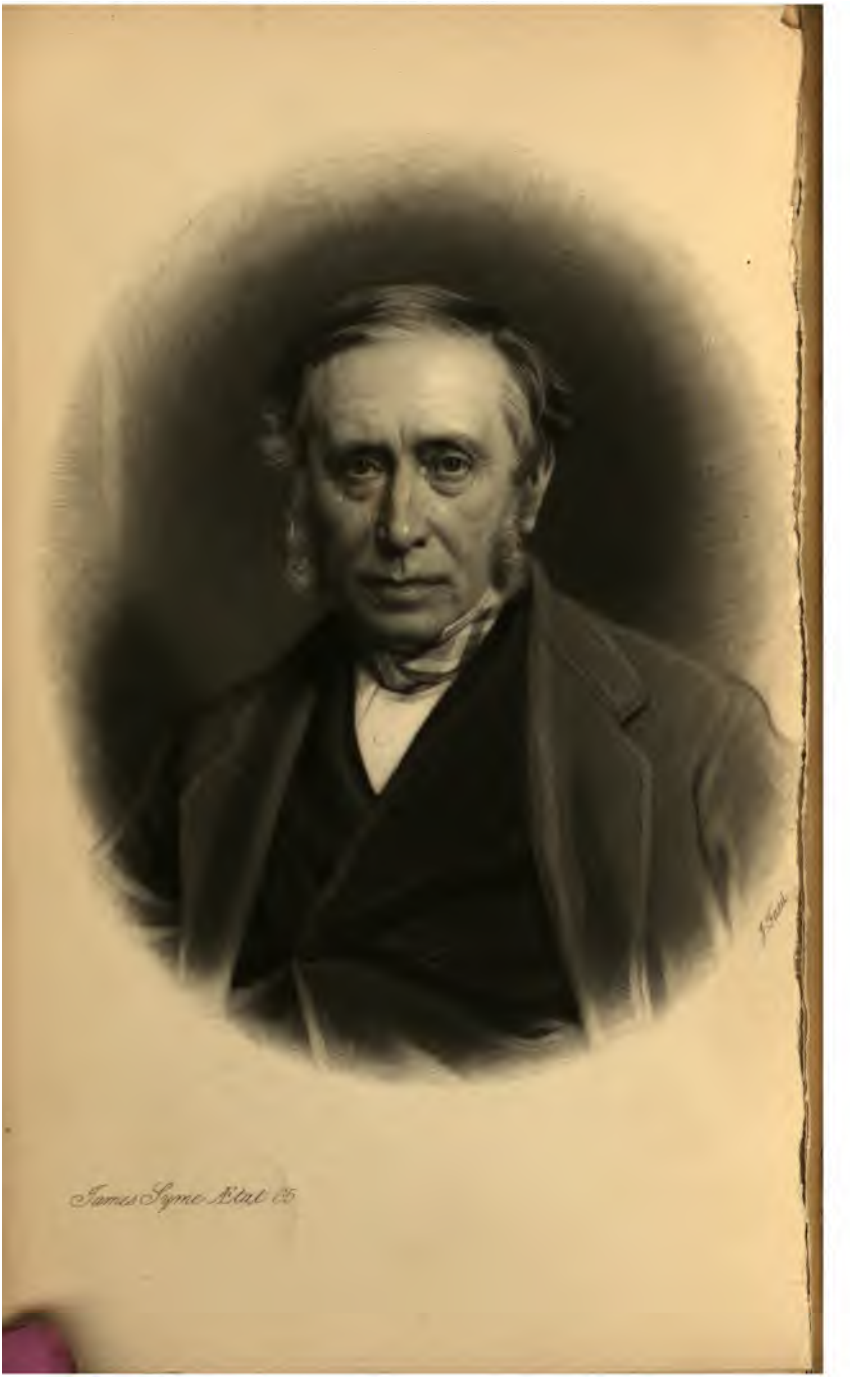

James Syme Ætat 76

MEMORIALS

OF THE

LIFE OF JAMES SYME

PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF EDINBURGH, ETC.

BY ROBERT PATERSON, M.D.

VICE-PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS, EDINBURGH; PRESIDENT OF THE HARVEIAN SOCIETY, EDINBURGH; AND VICE-PRESIDENT OF THE MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH, ETC.

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PREFACE.

THE oration delivered from the chair of the Harveian Society of Edinburgh, at its annual meeting in 1873, forms the nucleus of the present volume. Engaged as Mr. Syme had been, for so many years, in operations on the vessels that carry on the circulation of the blood, the narrative of his life seemed to furnish a specially appropriate theme for such an occasion. The favour with which this attempt to portray his great professional services was received having led to a widely expressed desire that it should be extended and published, these Memorials of his Life and Writings, drawn up as far as possible in his own words, and dealing mainly, though not exclusively, with the scientific aspects of his career, are now presented to the public.

Mr. Syme's controversies are well known. It was open to the biographer to treat them in three ways: *firstly*, they might have been passed over with a simple allusion; or, *secondly*, a condensed and epitomised version of them might have been given; or, *thirdly*, they might have been treated as fully as the sense required, and as much as possible in his own words, and in those of his opponents. All these methods lay open to

certain objections. To pass over his controversies without due attention would not have done justice to his memory, for in these he showed his remarkable powers of argument and expression, while they always involved a principle; an epitome, on the other hand, is liable to bias on the part of the writer, or what is as bad, a charge of bias from one side or the other, however studiously this may have been guarded against. It was therefore thought better to reproduce them in as condensed a form as possible, and to adhere as far as could be done to his own expressions and the replies of his adversaries. In such a course, it was impossible to avoid the mention of names, both of the living and the dead; but it is hoped that the way in which this has been done will give offence to none; certainly none has been intended. With the exception of documents connected with his controversies, he has unfortunately left little material for the formation of a memoir; but all that was available has been heartily contributed by his son, Mr. James Syme of Millbank.

Dr. Sharpey of London has kindly put at our disposal the letters which he possessed, the result of a friendly correspondence, which seems never to have been broken till Mr. Syme's fatal illness.

Sir R. Christison, his old classfellow and firm friend, has assisted with reminiscences of his early years; while to Drs. John Brown and Peddie we are indebted for much valuable information regarding that important

period of his life when engaged at his Surgical Hospital at Minto House. Mr. Annandale, the Rev. Dr. Grant, Mr. Pillans Scarth, and others, have likewise supplied important information. To each and all of these the thanks of the Author are now sincerely offered.

32 CHARLOTTE STREET,
LEITH, 1873.

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CHAPTER I.

Early Years and Schoolboy Days.

JAMES SYME was born at No. 56 Princes Street, Edinburgh, on the 7th November 1799. The original house in which he first saw the light was taken down many years ago, to enlarge the Royal Hotel; and the present Restaurant of that building now occupies its site. He was descended from two families of wealth and good position in society. His father was John Syme, of Cartmore in Kinross-shire and Lochore in Fifeshire, a Writer to the Signet, and representative of an old family of that name. His mother was Barbara Spottiswood, a daughter of James Spottiswood, Esq., of Dunipace in Stirlingshire. The issue of this marriage was two sons —David, the present Sheriff-substitute of Kinross-shire, and James, the subject of the present memoir, David being the senior by nearly three years.

John Syme was a somewhat peculiar man. With much acuteness and sagacity, he was obstinate to a degree. The principal attribute of his character may be said to have been perseverance—a feature which he handed down to his son James in a remarkable measure, which served him in good stead through the struggles and difficulties of life, and, as we shall afterwards see, formed a conspicuous element of his character even on his deathbed. He early entered into those speculative

purchases of land which constituted the fashionable scheme of the day; and as their value depended much on the nature of the minerals under the surface, it was often either a happy hit or an unlucky one. His character was not well suited for such ventures. He was too determined to give up a project, even when it was not likely to succeed, but hoped for and trusted in success to the very last. He ultimately became a sad loser by these speculations.

During the early boyhood of James Syme, his father and family resided principally in the country, returning to Edinburgh only during the autumn and winter months, when they successively occupied a house in South St. David Street, and afterwards one in St. Andrew Square; but they finally gave up their house in town, and retired to reside permanently in the country in 1808-9. Unlike many other boys, James's education from the first was carefully attended to. He received his early training at the grammar school of Messrs. Fulton and Knight, then in George Street, and well-known teachers of the period. We have no means of knowing what place James occupied at this school; but, judging from the position he at once took when he entered the first class of the High School, he must have made considerable progress in the hands of his former teachers.

He joined the first class of the High School of Edinburgh in October 1809. This class was then taught by Mr. Gray, whose erudition and kindness to his pupils made him one of the most successful teachers that that seminary of learning has ever boasted of; indeed, it is difficult to determine how much the success and repu-

tation, which the High School of Edinburgh about that time acquired, was owing to the excellent teaching and warm-hearted nature of Mr. Gray. The classes of the High School were then much larger than now: that which James Syme entered consisted of 130 boys, but he speedily acquired a good place in it—viz. the 25th. James Syme was never a quick or brilliant boy. What he cared to learn, he mastered by patient study. His schoolfellows were many, but his companions few; and to these he attached himself with great constancy. He was considered a quiet meditative boy, with a certain shyness and reserve about him. He kept much by himself, and only communicated to the chosen few* the subjects of his reflections, which were generally in connection with his favourite pursuits in Chemistry. Of Mr. Syme's classfellows at the High School there were many who afterwards became famous men, but have now passed away. A few still remain to show the character of the companions of his early years. The Hon. Edward Norton, Lord Neaves, W. P. Dundas, Rev. Dr. Grant of Edinburgh, Dr. Willis of London, and Mr. Andrew Coventry, still survive.

Although the Syme family had removed to a permanent residence in Kinross-shire, and did not come to

* These select companions of his youth continued the friends of his riper years; for, when struggling in his profession, he never failed to acquaint them with the progress he was making, and even invited some of them to his great operations, although of quite a different profession from himself. Nor was this feeling unreciprocated on their side; for I am assured that no set of men watched and rejoiced at his success more sincerely than his old High School companions.

town for the winter months, still the education of his sons seems to have been to Mr. John Syme a matter of paramount importance. The year, therefore, that James joined the High School, and probably even earlier, he had secured for them as tutor the services of Mr. Simpson, afterwards well known as the Rev. Dr. Simpson of Kirknewton. He also took a furnished house for them in York Place, at the corner of Elder Street, where they resided under the care and management of their tutor until the holidays, when they joined the family circle in Kinross-shire.

During his schoolboy days James Syme was noted for being a somewhat singular boy. He had a certain shyness of manner, and a thickness of speech, which some interpreted as an impediment. He was not much given to juvenile sports or games, but preferred a walk or talk with some of his own select but limited circle of playmates, for whom he always exhibited the same steady friendship, which in some instances lasted to the end of his life. When spending his holidays in the country, he displayed the same peculiarities as he did in town. He never cared for or engaged in hunting or any country sport. Beyond taking a walk in the fields, and mastering the characters and names of the native plants which grew around him, his time was spent in chemical experiments, and in dissecting, or rather rendering into skeletons, some of the small animals existing around him, such as frogs, lizards, mice, etc. I have referred to his peculiarity of speech, or thickness of utterance, which rendered his reading and speaking often difficult to be understood. This defect was early noticed by Mr. Gray,

and ascribed by him to natural causes; and so long as he was with this worthy man every effort was made, both on the part of teacher and pupil, to overcome it. But the time arrived when he had to enter the rector's class, a change which proved to him anything but agreeable. His defective utterance still to a certain extent remained; but the efforts which both Mr. Gray and h had made had greatly modified it. Mr. Pillans, the rector of the time, who afterwards became Professor of Humanity in the University of Edinburgh, considered it was assumed for the purpose of avoiding lessons, and rated him severely in consequence.

Whether or not he ever communicated this to his friends or his immediate preceptor, Dr. Simpson, is not known. Certain it is that it had its good effect in making him exert all his energies to overcome it; and by the time he left the High School for the University his perseverance had been so great and successful that the defect had by that time nearly disappeared. Sir Robert Christison states that any thickness or impediment of speech, which he may originally have had, had nearly disappeared when he entered upon his university career. How much of this he owed to his tutor cannot now be determined, but it is manifest that that excellent man in many other ways did much to influence his character for good; his precepts and advice often soothed the asperities of his schoolboy days, and impressed him with that reverence for religion which, through life, was ever a marked feature in his character and conduct.

The life of a boy at school must necessarily be destitute of much point or incident. His early and steady

devotion to Chemistry was striking. He spent all his pocket-money in chemicals and apparatus, and often invited his chosen companions to witness his chemical experiments on a Saturday afternoon or evening. These experiments are remembered as having been managed by him with great dexterity, and witnessed by them with much delight and astonishment. He spent six years at the High School, leaving it for the University in 1815, and it is but fair to conclude that his differences with Mr. Pillans must have been made up before he left, for no one could show more kindness to an old preceptor than Mr. Syme did to Mr. Pillans on his appointment to the University chair. An incident, however, which is remembered as a striking one at the time, is recorded of him by one of his old schoolfellows. On the occasion of the last annual examination of the school, when the boys had escaped from the several duties of the day, James Syme had gathered around him some of his chosen companions; and whilst they were talking together over the events of the day and the session, and probably of their future prospects, to their no small astonishment, and with a dignity which they never had witnessed him display before, he dashed from their midst, with a firmness and resolve that struck them all, and took his books and threw them from him, as if he had said, "Away with these toys; I am now done with them; the more serious business of life is before me, and to it I mean to address myself." That day, and that action, are remembered as an augury of a future which was fully realised.

CHAPTER II.

Student Life—Early Attachment to Chemistry—Chemical Society—Discovery of Solvent Power of Coal-Tar Naphtha over Caoutchouc—Visit to Paris—Teaching of Anatomy—Visit to Germany—First important Surgical Operation : Amputation at Hip-Joint.

THE year 1813 proved a somewhat eventful year to the Syme family, for with it came the beginnings of adversity. Mr. Syme's speculations in land and minerals had proved unsatisfactory, but with that perseverance which was the prominent feature of his character, he determined to go on, hoping that every new endeavour would prove successful. He was necessitated, therefore, at the beginning of this year, to sell his estate of Lochore,* and cease to reside at Cartmore. He rented a house near Dunfermline called Pitreavie, an old castellated building, with abundance of accommodation. Here the family resided till 1821, in fact till Mr. Syme's death, which occurred in that year.

JAMES SYME became a matriculated student of the University of Edinburgh in November 1815, and began the study of Latin (or Humanity as it has been called) under Professor Christison, the father of Sir Robert Christison. He also attended Botany three

* It is a curious fact that Lochore was recently purchased by a Limited Liability Company for nearly three times the sum that Mr. John Syme sold it for, and for the very purpose of working the coal existing everywhere on the estate.

years under Dr. Rutherford; Natural History under Professor Jamieson; Mathematics under Professor Wallace; and Philosophy under Dr. Thomas Brown. With two of his professors it appears he was a favourite student—with Professor Christison and Dr. Thomas Brown—the former being the first of his teachers who gave him encouragement by the prediction of success. As he was also a favourite pupil of Dr. Thomas Brown, we naturally infer that he had shown a taste for philosophical research. This power, however, did not come out very strongly either in his character or in the style of his writing, until called into action in after life amidst the controversies in which he engaged, when it often served him happily in demolishing the arguments and reasoning of his adversaries.

We have already referred to his taste for chemical investigation, and there is every reason to believe that although he did not take the Chemistry class till 1817, he continued his chemical inquiries both in Edinburgh and at Pitreavie. Indeed, we know that his father had set aside a large room in that commodious mansion entirely for his chemical and other investigations, and he used frequently to relate the difficulties he experienced in having his apparatus and material conveyed across the Firth, the dangers which were encountered, and the breakage which ensued.

But in 1815 James Syme principally devoted himself to Botany and Philosophy. He must have become very early attached to the former department of science, for he knew the botanical terms and the names of native and other plants thoroughly; and I have been informed

by a much older student than he was, that his knowledge of the names of plants, especially those used in medicine, was so accurate that his fellow-students used to ask him to examine them on those points before going up for their examinations. Sir R. Christison has kindly furnished the following particulars of his early recollections of Mr. Syme, and of the origin of their Chemical Society :—

"I became," says Sir R., "very intimate with James Syme for the first time when we were fellow-students in Chemistry at Dr. Hope's class in 1817-18. Botany was his first study among the sciences. He attended Dr. Rutherford's class for the first time in 1815, and twice subsequently, so that he must have felt strongly its attractions, although there was no opportunity of studying it practically, except what was self-taught. This taste developed itself in after life in the shape of great attachment to horticulture and uncommon success in its pursuit, but he never advanced far in the cultivation of Botany as a science. Chemistry he first attended in 1816-17, and again the subsequent year.

"I attended it first in 1814-15, before commencing my strictly medical studies, and I returned in 1817-18, when I met Mr. Syme as a fellow-student. In that year Dr. Hope had 493 students: during that and the six previous years, the average was 490 : and for some years later the average exceeded 500. But at this time neither in Edinburgh, nor anywhere else, I believe, in the United Kingdom, was there any opportunity for students to study Chemistry practically. It has often struck me as surprising and unaccountable that in the University, notwithstanding Dr. Hope's extraordinary success and enthusiasm as a teacher, and his admirable skill in experimental illustration and inquiry, no encouragement whatever was held out to students to pursue Chemistry as a practical science. So far as I am aware, no one at this time was allowed the opportunity of practical study in the University, except the professor's solitary assistant, Dr.

Fife, who subsequently became Professor of Chemistry at King's College, Aberdeen; and it was not till some years later that practical classes for the simple operations only of Chemistry were commenced, with Dr. Hope's consent, by his assistant Dr. Anderson.

"In the absence of other means of practical instruction Mr. Syme and I formed a chemical society of a dozen students, who, contributing their means for apparatus and materials, met once a week for the performance of such of Dr. Hope's experimental demonstrations as our resources enabled us to attempt. My twin brother, Mr. Coventry, advocate, the late Mr. James Hogg of Newliston, Mr. Robert Mercer, W.S., and the late Dr. Alex. R. Jackson of the Bengal Medical Service, were members, but the other five have escaped my memory. At each meeting one of us was chief demonstrator, and another his assistant; and so on through the whole membership. When the experiments were concluded, the chief demonstrator was severely catechised as to all his doings, and the *rationale* of them. We met first in an attic in my father's house in Argyle Square, recently pulled down in furtherance of the city improvements, opposite the centre of the Museum of Science and Art. Afterwards we met in a large front cellar under the shop of Mr. Deuchar in Lothian Street, who was a druggist, and subsequently a lecturer on Chemistry. Explosions, inflammations, and other startling results being naturally popular with such young chemists, we had some narrow escapes from danger. On one occasion particularly, when attempting to make ether on rather a large scale, the chemical action became at once violent and uncontrollable; inflammable gases and vapours were suddenly disengaged in great abundance, and after the atmosphere of the room was converted into a hazardous mixture of inflammable air, the whole apparatus blew up and was shivered in pieces. But the demonstrator and his assistant promptly blew out all the lights in time, and ensconced themselves, one under the table, the other in a far-away corner; while the Chemical Society vanished like lightning by the door, which, for their further security, they closed against the process.

"I do not know," continues Sir Robert, "whether much

additional knowledge of Chemistry was gained at these meetings. But I at least acquired a familiarity with apparatus and manipulation which proved of great service to me some years later, when I pursued the higher branches of chemical analysis in the laboratory of M. Roubiquet at Paris."

James Syme's early years at college must have been years of application and study. We find him at first entering into the study of Botany, both theoretically and practically, with heart and soul; and now in 1817-18, prosecuting Chemistry with ardour and success. Not content with the solitary weekly meeting of the Chemical Society, he used to be constantly at work in his own lodgings, engaged in inquiries of his own, which not long afterwards terminated in a very important discovery.

At that time the products of the destructive distillation of coal had not been much inquired into: the use of gas for lighting purposes having been but recently introduced into Edinburgh. On March 5, 1818, he announced to the world, in a short communication which he sent to the editor of the *Annals of Philosophy*, the discovery of a new and cheap solvent for caoutchouc, distilled from coal tar. "As coal tar," says he, "bears a strong resemblance to petroleum, it occurred to me that by distilling it a fluid might be procured, which, like naphtha, would have the property of dissolving caoutchouc, and that in this way I would procure a solvent, free from the objections to which the known solvents of that remarkable substance are all more or less liable." "After many trials, I completely succeeded, and was enabled to carry into effect several

of the applications for which a fluid state of india-rubber had seemed so desirable. Thus I constructed flexible tubes of the substance itself, and rendered various textures waterproof by brushing a thin solution of it into their interstices. A silk cloak, which afforded complete protection from the heaviest rain, and could be employed as a pitcher by turning up its skirt, was an object of wonder to all who saw it. My friends talked of a patent, but being then about to commence the study of a profession with which considerations of trade, in those days, did not seem to be consistent, I sent the following letter to the editor of a scientific journal, resident in Glasgow :—

'Sir—I take the liberty of sending you an account of a valuable substance which may be obtained from coal tar. If you think it worthy of being made public, you will oblige me by inserting it in your *Annals of Philosophy*.—I am, Sir, your most obedient servant, JAMES SYME.'"

This letter was transmitted in the beginning of March, and did not appear till August, although the journal was published monthly. A patent was soon afterwards taken out by Mr. Mackintosh, a manufacturer in Glasgow, for the making of waterproof cloth by means of caoutchouc dissolved in coal-tar naphtha. Had Mr. Syme followed at this time the advice of his friends and taken out a patent, he might have realised a large fortune independent of his profession. Mr. Syme himself, referring in 1847 to the matter, says—"For my own part, I gained little credit and no profit by the discovery, except the confidence which results from successfully struggling with a difficulty, and en-

couragement in endeavouring to accomplish other objects of utility." *

What induced him to take to medicine as a profession is not known. Probably his early taste for making skeletons of delicate animals drew him in this direction, but more likely it may be attributed to the influence and advice of his friend Liston, who was then prominently engaged as a demonstrator to Dr. Barclay. It was fortunate for Mr. Syme that Barclay was the rising star when he commenced the study of Anatomy. To this class-room he was attracted, not only by the steadily-increasing renown of Dr. Barclay as a lecturer, but also by the charm of Liston's presence there. He consequently joined this class for Anatomy in 1817-18, the same year that he entered the Chemistry class. Barclay was a perfect enthusiast in Anatomy, and, like all enthusiasts, had the good fortune to inspire those around him with similar feeling. His style of teaching was easy, free, and conversational—a great improvement on the dry, stiff, formal manner of the Monros. In fact the star of the Monros was already on the wane, for, in addition to his enthusiastic teaching, Barclay had in Robert Liston, Robert Nasmyth, George Ballingall (afterwards Sir George), and Alexander Dickson, a set of assistants that were most attractive to zealous and aspiring students.

James Syme was not destined to remain long a pupil of this renowned anatomist and physiologist. Liston

* His title to the discovery was recognised by the late Professor Edward Turner in his well-known *Elements of Chemistry*.

had been some time assisting Dr. Barclay, and was chalking out for himself the commencement of that brilliant career as a surgeon, which culminated in his great success as an operator in the Infirmary of Edinburgh. In consequence of some misunderstanding between him and Dr. Barclay, he resolved, at the beginning of the session of 1818-19, to commence as a teacher of Anatomy on his own account. He therefore appeared, at the commencement of that winter session, to deliver his first course of lectures on Anatomy, Syme following him from Dr. Barclay's in the capacity of his assistant and demonstrator. It will be readily conceded that the latter was not at that time in a position to undertake such duties. Fired as he had been with a love for Anatomy by the enthusiasm of Barclay, he had not had sufficient time to prosecute it practically, in order to enable him to demonstrate successfully; and the more so, as the class amounted that year to sixty pupils, many of them much older than himself, and accustomed to follow the demonstrations of others of age and experience. But, nothing daunted, and cheered on by the kind and encouraging expressions of Liston, his indomitable vigour and perseverance soon enabled him to overcome all obstacles, and he speedily became a favourite and most successful demonstrator. So successful in fact were his efforts in this walk, that in 1822 he occasionally lectured on Systematic Anatomy for Liston, and had the sole charge of the dissecting-rooms.

In the summer of 1822 he visited Paris for the sake of prosecuting Anatomy and operative Surgery. At that time the difficulty of procuring bodies for the

purposes of dissection had become so great in Edinburgh, that many students went to Paris for this purpose alone. We are indebted to Dr. Sharpey of London for a short account of his career in the French metropolis :—

"My acquaintance with him began in Paris in the early part of the summer of 1822. His main pursuit while there consisted in the prosecution of Anatomy and Surgery. We attended together the Hôtel Dieu, and the practice and clinical lectures of Dupuytren, then the chief surgeon of that famous hospital. We also went through a course of surgical operations on the dead body, under Lisfranc, who then had a large following.

"That able practical teacher, but rough-mannered man, seemed to take a special interest in Syme, who was always ready and intelligently inquiring. I remember Lisfranc, who was unfamiliar with English pronunciation, used to call him 'Mons. Zy-me.' At that time Syme occupied himself during his leisure hours in making skeletons of small animals ; and he took great interest in the Comparative Anatomy collection at the '*Jardin des Plantes.*' We both lived in a *hotel garni* close by, and some of the people from the museum would come to admire Syme's handiwork. They had difficulty in believing that such exquisitely delicate preparations were made with the knife and scissors alone : they would have it that Syme employed some secret process for denuding the skeletons of small lizards, serpents, and the like, of the soft parts. The secret, in fact, was great practical dexterity and patience.* Syme's intention then (which he afterwards carried out) was to undertake the teaching of Anatomy in the Extramural School of Edinburgh, Liston

* With the exception of an exquisite skeleton of a fish, which he presented to the Museum of the College of Surgeons of London, Mr. Syme gave his osteological specimens to Dr. Sharpey, then commencing as a teacher of Anatomy in Edinburgh ; they are now partly in the Museum of University College, London, and partly in the collection of Professor Allen Thomson of Glasgow.

going on to Surgery; and Syme's thoughts and studies were naturally directed with that view.

"I remember one professional anecdote that may perhaps prove interesting. Dupuytren had a case of diseased nose in his wards, and proposed to remove the morbid part. He discussed in a clinical lecture the means of dividing the bones, and considered various instruments with a view to selecting one suitable for the purpose. Syme happened to have with him in Paris a pair of Liston's cutting-pliers, or forceps, and sent them to Dupuytren with a letter explaining their advantages. The operation was delayed, and before it took place he showed the Edinburgh instrument to his class, and discussed its relative merits. At the operation Dupuytren, to Syme's great delight, used Liston's instrument, and expressed himself much pleased with it. "Now," says Dr. Sharpey, "that the distinguished career of both Liston and Syme has been run, the affair (of the forceps) may appear trivial; but it was not so in the eyes of two young aspirants in their profession at the time."

During his career as an anatomical student and demonstrator, we have already seen that he was not unmindful of other duties of professional importance. His love for Chemistry and Botany continued as strong as ever, but had in the meantime to give way to other engagements. In 1820 we find that he was appointed medical superintendent of the Edinburgh Fever Hospital, an office which has always been looked upon with favour by aspiring young medical men, but one which has lost to the profession many of its most promising members. Mr. Syme was not singular, therefore, in being seized with and passing through a very dangerous attack of fever, which nearly cost him his life.

Soon after his recovery from fever he was appointed to a resident clerkship in the Royal Infirmary under Mr.

(afterwards Sir William) Newbigging, Sir R. Christison being then the resident surgeon. In the days of Mr. Syme's clerkship in the Infirmary bleeding from the arm was largely practised, not only in those cases in which inflammatory action existed, but in the majority of cases in which such action was dreaded. A certain amount of blood to be drawn was ordered by the physician or surgeon at his visit, and it was the duty of the clerk to take the necessary amount of blood from each, as ordered in the day-book. It was in the performance of this oft-repeated duty that Mr. Syme's practical turn of mind began to see the absurdity of the practice, and he soon set his face against the indiscriminate use of this heroic remedy. "On one occasion he remembered the order of the day was to take away 65 ounces of blood from a certain patient; again, next day, he went back and took away 35; and 20 ounces more, on a subsequent occasion, finished the chances which this poor patient had of recovery."

Another story is also characteristic:—"A boy had a bad compound fracture, the discharge from which was so great as to reduce him to the utmost weakness. Syme ordered him porter and beef-steak, but his superior, a surgeon of great eminence, was highly incensed at such a great innovation in practice, and believing that generous diet would only feed the disease and make it worse, stopped Syme's treatment, and ordered him to bleed the patient. Fourteen ounces of blood were taken from the arm, and forty-eight hours afterwards saw the last of the poor sufferer." "Whatever,"—said Mr. Syme, in his summing up, when he related the anecdote—"whatever

change there may be now in the type of disease, there certainly is a change in the practice of the profession;" and, in reply to those who maintain the doctrine of change of type, "How," he would say, "is it that, if men cannot stand the same amount of bloodletting now, operations, which are quite as bloody in these days as ever they were, are performed quite as often, and more people recover after them now-a-days than formerly?"

In 1823 Mr. Syme joined the fellowship of the Royal College of Surgeons of Edinburgh. His inaugural dissertation was on "Necrosis," and was dedicated to Mr. Liston.* He had previously become a member of the Royal College of Surgeons of London, in order to secure his course of Practical Anatomy being received by the London examining boards. Whilst continuing his lectures on Anatomy he was not unmindful of Surgery. He devoted as much time as he could spare to the practice of it, and performed in private many difficult surgical operations.

It was in the autumn of the year 1823 that his first important operation took place. The following editorial notice of this operation is taken from the *Edinburgh Medical and Surgical Journal* for October 1823:—

"AMPUTATION OF HIP-JOINT.

"We are happy to announce the first performance of this operation in Scotland. It was performed by Mr. James Syme, F.R.C.S.E., and Lecturer on Anatomy. The plan of operation

* "To Robert Liston, Esq., Surgeon, this Essay is inscribed by his friend, the author."

adopted by Mr. Syme was a modification of M. Lisfranc's; it was completed in a short space of time; no untoward accident occurred, and little blood was lost. The wounds were all nearly whole; but, about the seventh or eighth week afterwards, the patient exhibited symptoms of ascites from an enlarged and diseased liver, which cut him off about the end of the eighth week. Mr. Syme was assisted on this occasion by Mr. Liston, Dr. Abercrombie, Dr. Anderson of Leith, Dr. Scott, and Mr. Marshall, Surgeon to the Forces."

The announcement which we have just quoted was followed in the next number of the *Journal** by Mr. Syme's account of "A Successful Case of Amputation at the Hip-Joint." He then designates himself "a Member of the Royal College of Surgeons of London and Edinburgh, and Lecturer on Anatomy in Edinburgh."

"It was in the summer of 1821," says he, "to the best of my recollection, that I first saw William Fraser, the subject of the following case. His complaint was a painful swelling of the left thigh, extending from the *condyles* to within a few inches of the *trochanters*. The skin was tense, smooth, and of a nearly natural colour; but the consistence of the limb itself was exceedingly hard and unyielding; so much so, indeed, that it felt as if entirely composed of bone. A little above the knee, on the outer side of the thigh, there was an opening, discharging thin fœtid sanies, which led to a deep winding sinus, that allowed the probe to pass inwards and backwards as far as the bone, which was found to be rough on its surface and exposed.

"Judging from all the circumstances of this case, I felt satisfied as to the nature of the disease, and gave it as my opinion that the bone being extensively diseased, while the appearances of reaction were very inconsiderable, amputation would in all probability be necessary for the patient's relief. His friends, however, declined to submit to this alternative at the time, and the

* January 1824.

patient himself was much against it. I had not seen or heard of him for many months, when one day in the latter part of August last his father stopped me in the street, and told me that his son had now made up his mind to the amputation. I called soon afterwards, and found the patient fully resolved on being delivered from a disease which had confined him to bed for more than two years, and was daily getting worse and worse.

"Amputation was necessary, and was concurred in by Dr. Abercrombie; but the question was, At what part of the limb should amputation be performed? Amputation at the hip-joint then appeared to me the only justifiable operation—an opinion with which my friend Mr. Liston entirely concurred. In determining as to the plan of operation, I had no hesitation in fixing upon the method of Lisfranc. Accordingly, assisted by my much esteemed friend and instructor Mr. Liston, and in the presence of Dr. Abercrombie, Dr. Anderson of Leith, Dr. Scott, and Mr. Marshall, Surgeon to the Forces, I performed the operation in the following manner:—

"Having, with some difficulty, placed the patient upon a table, so that the affected limb was perfectly free, and ascertained that Mr. Liston was ready to make pressure when and where required, I introduced a narrow knife about a foot long in the blade, which was sharp on one edge only, at the proper place for transfixing the limb. But being prevented by the bent position, in which, owing to long habit, the patient obstinately retained it, from passing onward in the direction of the tuberosity of the ischium, by the neck of the femur, I lost no time in the repetition of fruitless attempts, but instantly changed my plan. Without removing the point of the knife, I brought down its edge obliquely, and, by a sawing motion, quickly cut back in a semicircular direction to the tuberosity of the ischium, up along the femur, and round the trochanter major, so as to form very speedily identically the same flap which would have resulted from the plan I meant to have followed. While Mr. Liston covered the numerous cut arteries with his left hand, and compressed the femoral in the groin by means of his right, I gathered together all the mass of undivided parts on the inner side of the

thigh with my left hand, and then insulated the neck of the bone by passing the knife close past its lower surface. I now cut close down along the bone for some way below the trochanter minor, and lastly made my way outwards obliquely, so as to form a good internal flap.

"Mr. Liston holding aside the flaps, I made a single cut with my long knife upon the head of the bone, which started, with a loud report, from its socket, as soon as abduction was performed; finally, I passed the knife round the head of the bone, cut the triangular and remaining portion of the capsular ligament, and thus completed the operation, which certainly did not occupy at the most more than a minute. I then proceeded to take up the arteries. As soon as the femoral was secured, Mr. Liston relaxed his hands, in order that we might form some estimate as to the size and number of bleeding vessels; and then, had it not been for thorough seasoning in scenes of dreadful hæmorrhage, I certainly should have been startled, prepared as I was to expect unusual vascularity, owing to the extensive action so long carried on in the limb.

"It seemed indeed, at first sight, as if the vessels which supplied so many large and crossing jets of arterial blood could never all be closed. It may be imagined that we did not spend much time in admiring this alarming spectacle; a single instant was sufficient to convince us that the patient's safety required all our expedition, and in the course of a few minutes hæmorrhage was effectually restrained by the application of ten or twelve ligatures. About a month after the operation the wound was nearly healed, and the prospect of the patient's return to health and strength was bright; but symptoms of ascites from diseased liver soon after showed themselves, and increasing, cut him off in the eighth week after the operation. I am no advocate for operations whose only interest is their danger, and assuredly regard the knife at all times as a great though too often necessary evil; yet I feel no hesitation in recommending to the serious attention of operating surgeons amputation at the hip-joint, although it be the greatest and bloodiest operation in Surgery;

for I am sure that there is sometimes no other mode of prolonging existence."

In the rather prolonged extracts which have been made from this first professional paper of Mr. Syme's, there are several points to which it is worth while drawing attention, as they illustrate well the early features of a character which developed itself more fully, but in the same direction, as age and experience dawned upon him. First of all, the rapidity with which, at a most trying moment, when one plan failed, he was ready to adopt another framed on the spot, when circumstances proved the first to be impracticable, is worthy of attention. His early powers of diagnosis are here also demonstrated. Two years before this operation was performed, he recommended amputation at the hip joint. The subsequent course of the disease proved how correct his diagnosis had been; and although he had not seen the patient, or been looking after him, so great was the confidence of the lad's friends in him, that when they saw no other means availed, and that he was growing worse and worse, they at once appealed to him to perform the operation, although they had consulted many others in the meantime.—One other remark may be allowed. In no subsequent paper does Mr. Syme give us his impressions of a bloody operation, although some of those operations on aneurism which we shall have to refer to were sufficiently so. But this was a first bloody case, and he does not hesitate to tell us honestly his impressions on the occasion.

In a letter to Dr. Sharpey he thus describes the case :

"12 Dundas Street, Saturday, 6th Sept. 1823.

"My dear Sharpey—You will not be sorry to learn that one of your most particular friends has performed a great and grand operation, which has thrown the good town—containing no inhabitants but such as are medical—into commotion, and made him quite a notorious character.

"Little did I think, when slicing to pieces old Lisfranc's subjects, that I should ever have to perform amputation at the hip-joint, far less that I should do it in Edinburgh on the 1st of September 1823 ; and if possible still less that I should do so with success. Yet all this has happened. It is true that the patient cannot be considered out of danger, though I certainly have little fear.

"The poor subject is a lad aged nineteen years, tormented for nearly three years with necrosis of the thigh. You may judge how beautiful, how interesting, how valuable the bone must be.

"Liston assisted. Abercrombie countenanced the business ; he was present, together with a few of my friends, Marshall and Scott among others, and has been visiting the patient daily.

"Nothing could have happened more fortunately than the affair occurring just now. I do hope he may recover ; but, whatever way the matter ends, it must be favourable to me. I have dressed the wound twice ; it looks admirably.

"Old Lisfranc will be glad to hear that one of his pupils or *children* has carried his plans into execution.

"I did the operation in about a minute, not exactly according to Lisfranc, but with some improvements of my own ; such as tying the artery, not during the amputation, but after its completion.

"The hæmorrhage, as you may believe, was enormous, owing to the vascularity of the bone, which had engaged the attention of the system so long.

"You will excuse me for being thus particular ; for I know that, next to a man's own actions, those of his friends interest him most. JAMES SYME."

In the summer of 1824 he proceeded to Germany,

for the purpose of visiting the schools and seeing the novelties of German Surgery. Before starting, he thus writes to his friend Dr. Sharpey :—

"Edinburgh, 12 Dundas Street, 2d April 1824.

"My dear Sharpey—And so you are going to Germany? So am I on the first of May, or as soon afterwards as a ship may happen to sail from Leith to Hamburgh. I am to spend the summer five months abroad, chiefly in Germany, and wish that you would write me immediately as to the plan of your travels, so that we may meet if within a few hundred miles of each other. Write on receiving this, and your letter will be in plenty of time.

"We are going to have a new hospital here. The prospectus is published, and a public meeting is to be held this month. Your friends, Thomson and Liston, are looked upon as fixed officers, and your humble servant is not without hope.

"I have had a most excellent winter—above sixty pupils, and all satisfied. Indeed, they have given me a remarkably splendid piece of plate, as a testimonial of their being so. . . . . Scott and I have been studying German—he with great, I with good success. We are both highly indignant at the deceitful miscreants who prevented us so long from commencing so useful a study by their malicious exaggerations of its difficulty. . . . . JAMES SYME."

He returned to teach Anatomy and Practical Anatomy as in the former year, but he was gradually acquiring a greater liking for Surgery, and also obtaining an increasing influx of patients. His anatomical classes were this year larger than before ; in fact, his success as an anatomical lecturer was now established.

CHAPTER III.

Teaching of Anatomy and Surgery—Misunderstanding with Liston—Joins Dr. Mackintosh—Visit to Dublin—Important Contributions to Surgery, on the Treatment of Wounds, and on Inflammation—Successful Excision of Lower Jaw—Application to the Managers of Royal Infirmary to be appointed a Surgeon there—Refusal of Managers, etc.

LISTON resigned, in 1823, the teaching of Anatomy and Practical Anatomy entirely in favour of Mr. Syme, who the same year delivered his first course on Descriptive Anatomy, besides conducting the demonstrations in the dissecting-rooms. Liston, although retiring from the field of anatomical teaching, still retained a certain interest in the classes. As the speculation was originally Liston's, there can be little doubt that he retained a share, probably the larger one, in the concern. This first course of Mr. Syme's proved highly successful.

In this year Mr. Liston was carrying on with success the teaching of Surgery, and was gradually acquiring the position which he afterwards held, and maintained with such success, as a practical surgeon and operator. The friendship which had so long existed between him and Mr. Syme continued unabated. We find them both speaking well of each other, seeing cases together, and in fact acting like the best of friends. But, as the brightest sunshine is often the close precursor of storm, so the kindly feelings which were so prominent at the

beginning of this session were doomed soon to be dissolved. A certain coldness, the undoubted fruit of mutual jealousy, arose between them, and was speedily fostered into open enmity. Syme's connection with Liston at the Anatomical Rooms now ceased, and he was thus thrown, as it were, upon the world, with but few men on whom he could rely as friends, and with but a scanty supply of the means necessary for embarking in an undertaking requiring the preliminary outlay of considerable capital. What means he had at the time were no doubt the result of his own earnings, for his father, who had died two years before, had left his property so burdened that the sale of it had to be accomplished for the purpose of paying off his debts, and securing some provision for his widow. Mr. Syme, therefore, could expect and get little from this source, and it is obvious that, but for his own personal exertions, he could not prosecute the career he had marked out for himself.

Under such circumstances he determined to join Dr. Mackintosh in the venture of taking a house, and converting it into class-rooms, anatomical rooms, museums, and lecture-room. They accordingly rented a large house in Brown Square, and, in combination with Dr. Argyle Robertson and Dr. Fletcher, began the school which was long carried on there as the Brown Square School of Medicine. Here Mr. Syme taught Anatomy, Practical Anatomy, and Surgery; Dr. Mackintosh Medicine and Midwifery, and Dr. Fletcher Physiology. The success of this school was great and encouraging; so much so that we are told application was made to Lord Advocate Rutherfurd to grant it a charter as an extra-academical

school of medicine. At a conference held with Lord Rutherford, he inquired, with the pompous manner which was peculiar to him, what progress this school had made; how long it had been in operation; if they had a porter; if they had formed museums. To all such questions but very unsatisfactory answers could be given, and so little encouragement was offered by his Lordship that the idea of a charter was abandoned. The Brown Square School was opened in the session 1824-5, Mr. Syme that year delivering a course of Lectures on Surgery and Anatomy. The success of his teaching here was satisfactory, both in Anatomy and Surgery, but especially in the latter. The following note to his friend Dr. Sharpey will illustrate the progress he was making:—

"Edinburgh, 9th January 1825.

"My dear Sharpey—I wish you a good new year, and am sorry that you do not enable me to do so in person by visiting the good town at this season of festivity, etc., but I dare say Arbroath affords great, if not equal, opportunities of eating and drinking; and, to speak the truth, there is little other inducement to bring my learned friend to Edinburgh at present.

It happens, somehow or other, that the longer I live in this place it seems duller and duller,—perhaps this is an effect of living long. Be this as it may, I should feel very dull but for having so many children to look after. My family is much increased since you were here, there being fifty at the class, and forty in the dissecting-room. Cullen has been obliged to disband his dissectors, and return their fees; which must have been the reverse of pleasant, all things considered, among others, his hopes in subject-speculation.

"Have you heard of the new regulations respecting graduation? Probably not, so I shall tell you. Students must study four years; attend two classes each year; and, besides Hamilton in

part for Midwifery, can take two of the following five classes :— Military Surgery, Clinical Surgery, Natural History, Medical Jurisprudence, and Practical Anatomy. . . JAMES SYME."

Mr. Syme's leaning was now decidedly towards Surgery, and several circumstances may be alluded to as biassing him in that direction. The feud with Liston had no doubt its own effect in stimulating him to greater efforts in Surgery. Another element was his success as a lecturer on Surgery; but the influence, which perhaps contributed most powerfully to develop this tendency of his, may be traced to his feeling of disgust at the connection, which a teacher of Anatomy always had at that time, with those degraded beings who supplied bodies for the purposes of dissection. Liston, who was said to have had some early personal experience of this business, undertook at his own rooms the regulation of this matter; but when Mr. Syme came to manage it for himself, his nature could not stoop to the kind of dealings which those rascals insisted upon as a right.

It may not be amiss to pause here for a moment and consider the condition of the Anatomical School of Edinburgh as regards the supply of bodies for the purposes of dissection. At that time, and up to the passing of the Anatomy Act in 1832, there was no other legal way of supplying the University, or other dissecting-rooms, with the subjects necessary for the teaching of Anatomy, than by taking the bodies of executed criminals. This, of course, even as early as 1694, proved but a scanty supply; for we find in that year a petition to the Town-Council of Edinburgh to grant to the School of Anatomy, then starting into existence,

"the dead bodies of foundlings, and such as die of violent deaths, and have none to own them, for dissection." Whether or not the prayer of the petition was ever granted, there is nothing on record to show. But as the School of Anatomy gradually flourished, especially in the early part of the eighteenth century, the practice of lifting the dead from the different burying-grounds became general. We find many notices in Town-Council and other records in regard to the practice of resurrection, and severe penalties were threatened; but still the trade went on gradually increasing from year to year. Appeals were again and again made to Government, to enact some measure which would put a stop to the desecration of churchyards, and to the violation of those feelings which so strongly bind the living to the dead, yet, with a heedless persistency, every endeavour to organise a plan which would remedy the evil was neglected.

This lukewarmness was the more inexcusable at a time when laws were being enacted, which made it more imperative than ever, that a thorough knowledge of practical anatomy should be obtained by every student before he entered upon the duties of the profession. This enactment made the demand for dead bodies greater than before, and it became impossible for the resurrectionists of Scotland to supply anything like the demand. Consequently, other countries were appealed to, and London and Dublin became competitors in the market. Many were the discoveries made on the quays of London, Dublin, and Leith, in the casks and packing boxes marked "*perishable goods*," which had to

be opened in consequence of the smell proceeding from them. There is no question that this dismal traffic in dead bodies, and the heedless way in which it was neglected by the Government, led, a few years later, to the perpetration of a series of horrid murders for the purpose of supplying this growing demand.* The introduction of the Anatomy Act followed, "empowering certain officials to secure for anatomical purposes, and under certain conditions, the remains of those who died unclaimed in public hospitals and workhouses." An Inspector of Anatomy was at the same time appointed to visit and examine periodically into the state of the dissecting-rooms, so that everything might be conducted with propriety and decorum. Had such legislation occurred when it was so loudly called for, the sacrifice of many helpless individuals, the harrowing of the feelings of surviving relatives, and the dreadful crime of murder, might have been averted.

The difficulty of procuring subjects in 1826-7 was about its height. The men who conducted this traffic were men of the most degraded kind, requiring to be stimulated by douceurs and loans, and daily becoming more exacting in their demands. With this state of matters Mr. Syme became intensely disgusted, and he determined to make a run over to Dublin, for the purpose of securing a more steady supply for his rooms, independently of the Edinburgh resurrectionists. This he did in the summer of 1826; and while executing his mission,

* The murders committed by Burke and Hare for the purpose of supplying bodies to the Anatomical Rooms are here specially referred to.

he received great kindness at the hands of his Irish brethren. He was struck with the great advance which Surgery had made in the Irish capital, and especially with the practice of Cusack, who was then the chief in Irish Surgery. He lingered for some time beside Cusack, studying, watching, and working, and finally left Dublin, after having made a firm and lasting friendship with this great man. "I was filled with admiration," he afterwards said, "for the Irish surgeons. I desired to follow the example I had seen. It was my ambition to emulate the surgical practice and teaching of that school." With such feelings in his breast he came back to Edinburgh, resolved to renounce as soon as possible the teaching of Anatomy, and stick to Surgery.

A circumstance which soon afterwards occurred put the cope-stone on this determination. His old schoolfellow, class-fellow, and firm friend, Dr. Christison, was then a candidate for the chair of Medical Jurisprudence, and he asked Mr. Syme for a testimonial of his fitness for the office. This Mr. Syme at once granted without hesitation or delay. But this conduct did not please his colleagues at Brown Square, especially Dr. Mackintosh, and he was told that he had no right to grant any certificate of the kind without consulting his colleagues in the school. When they made this statement, they little knew the metal of which Mr. Syme was made. He indignantly threw up all further connection with a body that wished to control his private actions. This active step has been considered by Mr. Syme's friends as one of the most fortunate events of his life, as it

freed him from a connection which many of them did not like, gave him a valid excuse for ceasing to lecture on Anatomy, and enabled him to concentrate his ideas and plans on the prosecution of pure Surgery.

The surgical school of Edinburgh sprang into existence and power about the end of the last and the beginning of the present century. The Monros taught Surgery in connection with their anatomical course; but the surgeons of that period did not lay themselves out for that complete and thorough knowledge of Anatomy, which afterwards became such a prominent characteristic of the school. To the acute vision of John Bell, while yet a student in Monro's dissecting-room, we are indebted for pointing out the importance of every operating surgeon laying the basis of his Surgery in a thorough and intimate familiarity with Practical Anatomy. This he continued to teach and practise, showing how unseemly it was for surgeons to be baffled in the performance of an operation from want of anatomical knowledge, and animadverting on the not less painful necessity of their having to witness the dissection of the parts in the Anatomical Rooms beforehand. He therefore maintained that every surgeon should be so familiar with every part of the anatomy of the human body that he would be ready to perform any operation, however severe or bloody, at a moment's warning. This teaching and practice was not lost on those who were aspiring in that direction. Sir Charles Bell, who was eleven years the junior of his brother John, conducted the anatomical rooms of his brother for five years before he left for London. Liston had long taught

Anatomy, and was now teaching Surgery. John Lizars was also a teacher of Anatomy and a devoted surgeon. Fergusson, who had been trained in the anatomical rooms of Knox, and was an expert operator, was now turning his attention to Surgery. And, besides, there were in the field Dr. John Thomson, the Professor of Surgery to the Royal College of Surgeons, and Mr. Turner, both of whom practised as surgeons and taught Systematic Surgery. It was therefore a bold step in Mr. Syme to enter the lists against such powerful antagonists; but he felt that he had acquired that amount of anatomical knowledge which fitted him for the performance of any operation at any time, and that his love for it was growing stronger every day.

The decision to give up all for pure Surgery was not approved of by his relations and many of his best friends. They pointed out to him how completely the field was already occupied, and urged on him to devote himself to general practice, promising him support and encouragement from all quarters. To such persuasions Mr. Syme turned a deaf ear; he had "taken up his line," and was determined to prosecute it. His mind never contemplated failure, and he always looked hopefully forward to success by dint of integrity and perseverance. His class became, year after year, better filled, until, in 1828-9, it numbered 250 pupils. This is without dispute the largest class of pure Surgery that ever met in Edinburgh. Mr. Syme always thought that the teaching of Systematic Surgery was his *forte*. From the time at which he published his successful case of amputation at the hip-joint, he had been actively engaged

in its practice. From the number of interesting communications which he sent to the different periodicals after that time, it is obvious that he must have had a large number of cases to choose from. Thus we find him contributing to the *Edinburgh Medical and Surgical Journal*, in 1824, a paper entitled "Remarks on Amputation;" and it is somewhat curious that Liston had a paper on the same subject in the same journal. The following letters belong to this important period of his life :—

"6 Forth Street, January 10, 1826.

"My dear Sharpey—James* tells me that he is to send a parcel this evening, and offers to enclose a letter to you. I take the opportunity of telling you something that will appear very surprising—viz., that I have resigned my anatomical class in favour of Cullen ! ! ! The difficulty, I should rather say impossibility, of procuring subjects has forced me to take this, as you may think, very extraordinary step.

"I shall now devote myself exclusively to teaching and practising Surgery, and hope to enjoy more satisfaction for the future than I have done hitherto.

"What a comfort it would be to talk over all the matter with a good friend like you. Has Edinburgh a chance of a visit? I think you might spare us a day or two. Scott and some other good people would be glad to see you.

"You have seen the new journal,† I presume. It has not met with a very favourable reception; but perhaps it is unfair to judge from a first appearance.

"Here is Mr. James, so I must conclude. Do come or write soon. JAMES SYME."

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* Now Dr. Arrott, Dundee.

† The journal here referred to had only a very temporary existence.

"Edinburgh, 6 Forth Street,
Friday, 6th October 1826.

"My dear Sharpey—The folly, not to say sin, of procrastination was never more fully exemplified than in my conduct since returning from Arbroath. I promised to send James plaster of Paris, and meant to have done so the day after my arrival; but being prevented from doing so for two or three weeks by O'Neill's misconduct, I afterwards deferred from day to day, not only that commission, but the most imperative duty of sending back your umbrella. Such is the enormity of my offence. I offer no apology, but endeavour to console myself with the reflection that, judging from the quantity of plaster used by myself, the trifling supply which could have been effected by coach or carrier would only have insulted our friend; and, in regard to the umbrella, that there has hardly been a shower since that very ill-favoured one which rendered my departure from Mr. Fairweather so inauspicious.

"Scott and I are wearying very much to see or hear from you. I understand that there is a chance of Willis being here soon, so here is another inducement to withdraw you from the enticements of your venerable city. It was agreed the other day that the annual dinner of our corporation, which used to be strictly private, should be made accessible to any distinguished foreigners that happened to be in town at the time—viz., last Friday of this month. Now I am sure there is nobody more worthy of this honour than Doctor Dryasdust—so here is another inducement; and I might also mention the improved administration of our Ferry. But, trusting that you are already convinced as to the propriety of paying us a visit forthwith, I shall say no more on the subject, excepting that I have much to show you, and thrice more to tell you.—Yours ever, JAMES SYME.

"*P. S.*—You will oblige me most particularly by asking our friend the toad,* how he does, and if he was not the worse of our unceremonious interference with his meditations. J. S."

* The toad referred to here was one found by Dr. Sharpey and Mr. Syme under a large stone near the Abbey, during one

In this year, 1826, Mr. Syme published a paper on the treatment of wounds, which has exercised a great influence upon the practice of surgery. British surgeons, following the example of Alanson in aiming at union by the first intention, but forgetting the means by which he obtained his object, had fallen into the habit of closing wounds externally as securely as possible by means of strips of adhesive plaster overlapping each other like the tiles of a roof. Mr. Syme pointed out that the inevitable effect of such a procedure was to prevent the escape of the blood and serum, which, being pent up within the cavity, occasioned inflammatory disturbance and suppuration; so that, as he pithily expressed himself, "the sealing up of wounds was the surest way of keeping them open." He advised that the edges should not be approximated at all for some hours, so as to allow all oozing of blood to cease; a practice which has been attributed to Mr. Liston, who afterwards introduced it into London, but the credit of which is entirely due to Mr. Syme. He himself afterwards abandoned it on finding that the same object could be obtained by arranging the dressing in the form of pads of lint gently compressing the body of the wound but leaving the outlet free; the patient being thus saved the annoyance of disturbance at a later period. But the principle enunciated in this early paper, of providing a free outlet for discharges, has ever since guided all good surgical practice.

In 1827 a pathological paper appeared from his pen,

of their excursions together. It was covered up again, and left to its repose.

of at least equal importance with the practical one just referred to. Its subject was the nature of inflammation; and in it Mr. Syme first drew attention to the great truth, now universally recognised, that the essential nature of the disorder was not a disturbance of the circulation of the part, as had been previously believed, but a derangement of its functions. It must be allowed that these two papers from one so young exhibited a wonderful practical sagacity and pathological insight.

This same period gave equal evidence of his diagnostic power and his boldness and skill as an operator. In 1827 a young man came under his care with an enormous tumour of the lower jaw, which had been deemed irremediable by the surgeons of the Infirmary, and which Mr. Liston had some years before declined to interfere with. Mr. Syme, however, recognising, at a time when the knowledge of tumours was very different from what it now is, the innocent character of the growth, and believing that, though it now involved the greater part of the inferior maxilla and had attained extraordinary dimensions, it was susceptible of removal, performed the operation with complete immediate success; and the soundness of his pathological knowledge was verified sixteen years afterwards, when the patient, who had been living in America in the interval, accosted him in the street, with the deformity of a receding chin completely masked by a well-grown beard.

At this period of Mr. Syme's career as a teacher of surgery, he felt the want of an hospital appointment. Mr. Liston had been some time connected with the Royal Infirmary, and had there performed some of his

most brilliant operations, while Mr. Syme's had as yet been performed in private, and without the éclat of a surgical staff in an hospital. A vacancy having occurred at this time in the Royal Infirmary, Mr. Syme applied for it; but the managers of the period, dreading the feud between him and Mr. Liston, and unwilling that any scenes between them should be witnessed by the students, simply declined to appoint him in the meantime. What followed from this event will be laid before the reader in the next chapter.

CHAPTER IV.

Crisis of his Life, the Establishment of Minto House Hospital: its Success—Reports of Operations, etc., performed there—Method of Clinical Teaching—First Marriage, etc. etc.

THE year 1829 stands prominently out from all others in Mr. Syme's history. His application to the managers of the Royal Infirmary for an appointment to a vacancy in the surgical department had been refused—a refusal which he must have felt keenly; but, like the skilful pilot who could not make the desired haven, he only hoisted more sail, that another and a better might be reached. He determined, and without delay, to establish a surgical hospital for himself. No act of his life shows more prominently the energy of his mind, or the determination of his purpose, than the rapidity with which he resolved on, and carried through, the bold but happy idea of establishing a surgical hospital of his own, with the surgical staff and other appliances which made the position of a surgeon to the Royal Infirmary so prominent and imposing. The resolution was hardly formed before he carried it into effect, trusting, as he tells us, *first*, to the support of the public; *second*, to the fees from house surgeons, apprentices, and pupils; and *third*, that the balance should be made up by himself. His next step was to secure for this purpose a suitable house, of sufficient size and in close proximity to the University and

the different schools of medicine. He was not long in fixing upon *Minto House* as in every way suitable, and in obtaining a long lease of it on moderate terms.

As Minto House is one of those doomed to be taken down for the purposes of city improvement, we may be permitted here to give a short description of it. It is a large square building situated about the middle of Chambers Street, and standing face to face with the present Industrial Museum. It stands on the brow of the hill overlooking the Cowgate, to the west of the old Horse Wynd. This house was once the residence of the Elliots of Minto, and occupied, along with many other mansions of the nobility, this most fashionable part of Edinburgh at the middle of the last century. Next to it, or rather between it and the Horse Wynd, stood the elegant mansion of the beautiful and high-minded Countess of Galloway, along with the houses of Lord Kennet, Baron Stuart, Lord Covington, and other titled personages. But a century has made great changes in this quarter: the houses were sold or deserted by their aristocratic occupants, and for long were occupied by the poorer classes; and now all have disappeared with the exception of Minto House itself.

Minto House, then, occupies the sloping ground about midway between North College Street and the Cowgate. It used to be approached through a gateway in North College Street, down the declivity from which a carriage-way ran to the front of the house which faced the Cowgate. It was a house of the style usually adopted by the architects of the early part of the last century, being a large square house of four storeys in

height, and with prominent windows and doorway. The house consisted of fifteen rooms, together with dressing-rooms, pantries, closets, etc. We give the account of the establishment of the Surgical Hospital in Mr. Syme's own words :—

"In the beginning of this year," says he, "several circumstances, with which it is not necessary to trouble the reader, induced me to resolve on the institution of a surgical hospital in Edinburgh. I was not unaware of the difficulty of the undertaking, but trusted that I should be able to accomplish it through the assistance of the medical students and the public. I believed that the former, from the confidence which they were pleased to repose in me as a teacher of Surgery, would support an hospital under my management, from its commencement, and that the latter, from their benevolent feelings towards such establishments, would contribute towards its maintenance so soon as they saw it fairly in operation, and likely to succeed. Encouraged by these considerations, I calculated the expense of the undertaking ; and ascertained that with accommodation and victuals for 20 patients, with suitable domestics, etc., it would not probably exceed £300 for outfit, and £700 for annual support. To defray these charges, it appeared probable that the following funds might be realised :—

Contributions from the public . .	£100	0	0
Board of two house surgeons . . .	200	0	0
Fees of students	250	0	0
	£550	0	0

There would still be left the expense of outfit, and £150 annually. I made no doubt that the public would soon extend their support, so as to relieve me from this burden ; but would willingly have agreed to submit to it permanently, rather than not accomplish my object.

"It fortunately happened," says Mr. Syme, "that Minto House, a place familiar to most gentlemen educated in Edinburgh,

stood vacant. It was in every respect admirably calculated for the purpose in view, being situated close to the University; in a healthy part of the city, not actually upon, but immediately contiguous to, the densely-inhabited ridge of the old town; having extensive private grounds; containing fifteen rooms, besides a ground-floor provided with every convenience, and having an abundant supply of water, with water-closets even in the highest floor. It may be added that one very large and elegantly constructed room, 18 feet in height, was well suited for an operating and lecture room. I lost no time in taking a lease of these premises for ten years, and through the liberality of the proprietor, part of the building and its enclosure was subjected to a thorough repair, and the grounds were reformed so as to be more useful and agreeable. While these operations were in progress the vacancy for two house surgeons was announced, a prospectus for the information of the public was circulated, and a petition was laid before the College of Surgeons, to request their recognition of attendance upon the hospital about to be established as a qualification for their diploma. The College, after mature deliberation, determined that, as their diploma was a qualification for general practice, they ought not to be satisfied with attendance upon a purely surgical hospital; but that there could be no objection to receive a course of clinical lectures on surgery, provided I chose to deliver one of the same extent and duration with that of the Royal Infirmary. I thankfully accepted this offer, which promised to answer fully the purpose of my petition, by enabling me to derive a revenue from my pupils without increasing the expense of their education, and by recognising the respectability of the institution.

"In order to satisfy the public that the institution was properly conducted, it seemed proper that the contributors should annually elect a body of directors who might frequently visit the establishment, and report for the information of their constituents.

"In the meantime the following gentlemen kindly agreed to accept the office :—

Right Honourable the Lord Chief Commissioner.
Lord Moncreiff.
Sir J. G. Carmichael, Bart.
Sir Alex. Gibson-Maitland, Bart.
James Gibson-Craig, Esq., of Riccarton.
John Wauchope, Esq., of Edmonston.
Professor Jameson.
John Christison, Esq., Advocate.
James Ivory, Esq., Advocate.
Alex. Smith, Esq., W.S.
Alex. Campbell, Esq.
Rev. John Brown.
John Hardie, Esq., Leith.
Alexander Clapperton, Esq.
Alex. Craig, Esq.

Treasurers—Messrs. Cunningham and Walker, W.S.
Dr. Ballingall, *Consulting Surgeon.*

"Everything," says Mr. Syme, "has turned out equal to expectation. In two days after the vacancies for house surgeons were announced, *ten* applications were offered. The public have already contributed more than £100 of annual subscriptions, besides nearly as much of donations, and more clinical students applied than could be received, the College having restricted the number attending each course to *forty*, so long as the beds are not more numerous than at present, viz. twenty-four."

The plan adopted in the management of this hospital is thus given—

"The hospital is visited every morning at 10 o'clock. In the first place, the patients residing in the house are examined; then the students assemble in the lecture-room, where the patients who are desirous of admission, and also those treated as out-patients, are carefully examined before them. What seems interesting in the different cases is then pointed out, and questions are occasionally asked as to the diagnosis and treatment. I then perform what operations are required, and so conclude the business, which usually occupies an hour."

"The hospital was opened for the reception of patients on the 8th May 1829. During the three months which have since then elapsed, 380 patients labouring under surgical disorders have applied to the institution for relief. Of these 70 have been admitted into the house. There have been performed 30 operations—

3	Amputations	of thigh.
1	„	of arm.
1	„	through tarsus.
1	„	of great toe.
1	„	of thumb.
2	„	of finger.
2	Excisions	of mamma.
5	„	of tumours.
1	„	of upper jaw.
2	„	of elbow-joint.
3	Cancerous sores.	
3	Warty excrescences.	
1	Fistula in ano.	
1	Hæmorrhoids, etc.	
2	Polypus nasi.	
1	Hypospadias.	
30		

"Two deaths are recorded in this quarter's category. One, that of a girl two years old, who fell into a pot of boiling water, and who was brought to the hospital pulseless. The other that of Isabella M'Donald, who had suffered severe injuries to the limb from the wheel of a cart passing over her. Amputation by the flap was performed, but she died of ulceration of the intestines on the third week after the operation.

"Of the cases principally interesting, few remarks are necessary. Excisions of the elbow-joint for caries were again most successful, as also the actual cautery (introduced from 'Rust's' fashionable practice in Germany) for morbus coxarius, and the similar affection of the shoulder-joint. The other cases have no special interest worthy of comment here.

"Many people," says Mr. Syme, in concluding his report of the first quarter of his Surgical Hospital, "thought it rash for me to undertake a clinical course before having a single patient in the hospital; but I trust that what has been said here will be sufficient evidence that materials for the purpose were not wanting. And there can be no doubt that now, when the hospital is fully established, and every day becoming better known to the suffering poor, it will be in my power to increase the interest not only of my clinical lectures, but also of the reports, which it is my intention to publish regularly through the medium of this journal."

In Mr. Syme's second quarterly report, which is dated 75 George Street, 17th November 1829, and includes the cases admitted from August to November of that year, we find that the cases of surgical disease for which relief had been sought at the hospital had increased in number and importance. Within the three months 553 patients had applied. Of these 64 had been admitted into the house. Mr. Syme, on this occasion, has not given a report of the more interesting cases, for he finds that his clinical lectures, together with his professional avocations in private, have not afforded him the necessary leisure.

"I will therefore, in the meantime," says he, "merely make some observations on the treatment of ulcers. In treating what are called indolent ulcers of the leg, I used to regard the plan recommended by Mr. Baynton as approaching nearly to perfection, and still believe that, when properly executed, it will sooner or later effect a cure, if a cure be practicable; but another method has lately suggested itself to me, which seems in many respects preferable. The means employed are blisters, and the object to excite a smart and diffuse inflammation. They were not limited in extent to the size of the sore, but were made to

cover a great part of the limb, and are allowed to remain in operation for a long while, sometimes even twenty-four hours."

The use of this important means of stimulating indolent ulcers to take on a healthy healing action is now universally adopted by surgeons, and cannot but be regarded as a great improvement on the straps of Baynton, a decided step in advance in the practice of Surgery, and a great boon to the poorer classes, who principally suffer from such sores.

In the next quarterly report, for November 1829 to February 1830, 410 patients affected with surgical diseases had applied. Of these 67 were admitted. It will be unnecessary to follow this report through all its particulars. Other four cases of excision of the elbow-joint, and two of the knee-joint, one of which was somewhat complicated, turned out most successfully. In this report Mr. Syme's first cases of lithotomy are published. Of three cases one proved fatal, that of an old man 77 years of age. Mr. Syme remarks—

"The operation for lithotomy, as now performed, is one of the simplest in Surgery; and the importance which is still attributed to it by the public depends upon the recollections of the shocking and protracted tortures which attended the old method of operating with the gorget. The patient above mentioned is the only one I ever lost from the operation, and his death, I think, may be ascribed fully as much to old age as to the injury inflicted."

Mr. Syme next relates a somewhat anomalous case of hydrocele, and has the candour, in the accompanying remarks, to refer to a case in which he himself committed a serious blunder in his practice. It would be

well for the profession, if such candid statements were more frequently made. He says—

"This case, that of John Bryce, a weaver from Carnwath (p. 245, *Ed. Med. and Surg. Journal*, vol. 33), is interesting as an instance of the violent effects which proceed from slight causes of irritation in peculiar constitutions. As a contrast with it I may mention that of a gentleman in whom I unfortunately injected the cellular substance of the scrotum, instead of the tunica vaginalis. I converted the puncture into an incision about an inch long, and squeezed out some of the wine, but much of it still remained, and I prepared for violent local and constitutional disturbance, when to my surprise everything went on favourably and the patient obtained a radical cure speedily and satisfactorily.

Mr. Syme's cases of hernia in this number are also interesting and instructive. The next report is the fourth quarterly one with a summing up for the whole year. The first case which he puts on record is one of brachial aneurism, in which he tied the humeral artery.

"Five days after the operation the case promised to be a successful one, but, at the end of five weeks, there being no progress towards improvement, I began to think seriously of the radical cure by the old method. I therefore laid open the tumour through its whole extent by an incision in the direction of the biceps muscle. A firm, hollow, fibrous coagulum, lining the aneurism, and preserving its shape, being then removed, a gush of arterial blood flowed from the bottom of the wound. Being unable to control this bleeding by pressure above the aneurism, I pressed the points of both my thumbs down upon the vessel at the point it had been injured, and then gradually separating them from each other, was enabled to discover the wound, which was about a quarter of an inch long, gaping with thick white lips. I then passed a needle through the condensed tissues which surrounded the vessel, and thus conveyed

two ligatures around it, one on each side of the wound, which, on being tied, effectually restrained the bleeding. No unfavourable symptom ensued. I have been particular," says Mr. Syme, "in detailing this case, because I think it ought to have considerable weight in inducing surgeons to abandon the modern operation for aneurism at the bend of the arm."

And most of us will recognise, in this small beginning of returning to the old method of operating for aneurism, the germ from which gradually sprang those great and heroic operations on tumours in connection with the larger arteries, which were performed by him in his latter years with such admirable skill and success.

The good effects of the actual cautery in some affections of the joints is illustrated by several cases. He thus concludes:—

"To complete this report, I may mention the expense that has been incurred in instituting and conducting the establishment, which consists of one house surgeon, a steward, housekeeper, cook, and housemaid, two nurses, and twenty-four patients. My senior apprentices write the patients' cases, the juniors dress them, and the care of the out-patients is distributed over the whole, according to their progress, activity, and intelligence."

This first year is summed up by an abstract of the hospital accounts, from which we see that the public subscribed £217 : 14s., and Mr. Syme paid £779 : 7s. This £779 : 7s. is explained in the next report as being made up as follows:—

Fees of clinical students .	£400	0	0
Board of two house surgeons for six months . . .	200	0	0
Balance paid by Mr. Syme .	179	7	0
	£779	7	0

It may be well here to refer to the method of teaching Clinical Surgery which he introduced into the Edinburgh school. The plan which had been followed in Edinburgh was that of grouping together, from the cases in hospital, a certain number, which bore a resemblance to and alliance with each other, and without the presence of the patient, or anything to illustrate the discourse, to give in the lecture-room a discourse on the group of cases which had been chosen. Syme had hardly begun his clinical teaching at Minto House before he altered this plan, adopting the one which he shortly states in his first quarterly report, but which he subsequently detailed more at length in the *Lancet* of October 1st, 1864:—

"The plan which I introduced into the Edinburgh school, and which I still pursue, appears to me worthy of adoption. This is, to bring the cases one by one into a room, where the students are comfortably seated, and if the patients have not been seen by the surgeon beforehand, so much the better; then, ascertaining the seat and nature of their complaints, he points out their distinctive characters.

"Having done this so that every one present knows the case under consideration, the teacher, either in presence or absence of the patient, according to circumstances, proceeds to explain the principles of treatment, with his reasons for choosing the method preferred; and lastly, does what is requisite in the presence of his pupils.

"The great advantage of this system is, that it makes an impression at the same time on the eye and ear, which is known by experience to be more indelible than any other, and thus conveys instruction of the most lasting character."

We shall pause for a moment at the termination of

this first year of establishment of the surgical hospital at Minto House to look into some important matters connected with his private life. He had determined to start as a pure surgeon, and his success was daily increasing. He was now often so engaged in professional duties that he had not time to finish his quarterly reports of Minto House as he could have desired. He was also, thus early, frequently called into consultation with country practitioners, and performed for them many severe and important operations, which he detailed from time to time in the journals of the period. It was in the midst of this excitement and bustle of professional avocations, that he determined to add to his domestic comforts by taking a wife. The additional responsibilities which this step involved were no doubt well weighed by him, for he did nothing without looking carefully on both sides of the question. But it is difficult for us to see how a young surgeon, but entering upon professional life, could see his way to undertake so many responsibilities at one time. The well-known examples of Sir B. Brodie and others show the paltriness of the receipts of professional men during the early years of their struggles; and there is little reason to suppose that Mr. Syme was differently circumstanced, although we are unable to give the facts with precision. Encouraged by the success of the hospital at Minto House, and his general acceptance as a surgeon by the profession, his buoyant hopeful nature led him to take this further step to secure his domestic happiness. The lady of his choice proved to be Miss Willis, daughter of Mr. Robert Willis,

a Leith merchant, and sister to his old schoolfellow at the High School of Edinburgh. Mr. Syme's marriage proved a happy one, his wife being a most amiable woman, intelligent, accomplished, and judicious, and devoted to her domestic duties.

But his increased responsibilities during this eventful year did not end here; he found it necessary to further enlarge his establishment by the possession of a carriage. It is well known that in the case of a medical man such an appendage does not always denote a corresponding necessity for it, and is oftener used, at least in more modern days, as an introduction to practice than as the indispensable requisite of a practice already made and extending. It was different, however, with Mr. Syme: his duties were now becoming multiplied. He had his lectures to give, Minto House to attend, and consultations to be punctually attended to, while public conveyances were then but few, and not to be depended on. It therefore became next to a necessity with him to have the means of conveyance from place to place, so as to meet his engagements punctually.

But domestic establishments, carriages and servants, and surgical hospitals, are not started or maintained at little cost; and we have good reason to know that at this time Mr. Syme was occasionally put to great straits in money matters. With his perseverance and hopefulness of disposition he always looked at the bright side of the picture; never flagged in his exertions; never showed a symptom of despondency; and never

for a moment lost hope of ultimately overcoming all his difficulties. To relieve pressing necessities he had occasionally at this time to negotiate loans of money, but these were all speedily and punctually paid; and the time was fast approaching when such measures became unnecessary.

CHAPTER V.

Progress of Surgical Hospital—Candidate for Professor of Surgery to Royal College of Surgeons—Defeat—Appointment to Chair of Clinical Surgery in University of Edinburgh—Epitome of Work done at Surgical Hospital—Continuation of it as a "Maison de Santé."

THE progress of the Surgical Hospital was great and satisfactory; but before we enter further into these details, it may be well to keep in view other events which were passing at the time, and in which Mr. Syme was a prominent actor. It may be remembered that when he openly quarrelled with Liston, and started on his own account as a teacher of Anatomy and Surgery, he had but few friends to look to for countenance and support, and he was almost unknown as a surgeon. His success in teaching Surgery had now, however, been great, and his no less bold but successful undertaking in originating the Edinburgh Surgical Hospital had secured for him the adhesion and support of a large circle of private friends and professional brethren. An event which was to test his popularity soon occurred.

Dr. John Thomson, so long well known as the accomplished Professor of Surgery to the Royal College of Surgeons, had some time previously resigned the office he had well and ably filled there, and had been succeeded by Mr. Turner, who had for some time been associated with Dr. Thomson in teaching the class. But

in 1831 the government of the day, somewhat unexpectedly, instituted two new chairs in the University of Edinburgh—viz. Pathology and Systematic Surgery, John Thomson was destined to fill the first chair of Pathology; and Sytematic Surgery, which had formerly been taught by the Professor of Anatomy, was bestowed on Mr. Turner. A vacancy therefore occurred in the professorship of Surgery in the Royal College of Surgeons, and Mr. Syme at once became a candidate. He appears to have been at one time somewhat sanguine of obtaining this appointment; but we find that Liston, now allied with Lizars and Fergusson, was determined to resist as far as possible his acquiring the professorship. It is somewhat remarkable that Liston should not have come forward and publicly contested the appointment: but, instead of doing so, he, in league with Lizars and their respective friends, attempted, by a side wind, to quash at once the college professorship. This resolution was proposed at the last hour, but Mr. Syme's friends were fortunately present in numbers sufficient to defeat the well-planned scheme. It required two-thirds of the votes to carry a motion of this kind, and it was lost by a considerable majority. Then came the day of election, when Lizars and he were pitted against each other. The friends of each had mustered in large numbers, and rallied round their respective candidates, but the double combination succeeded in returning Mr. Lizars by a majority of one vote.

Syme never seemed much disappointed at the loss of this election. He went steadily forward with his noble work at Minto House, and from time to time

published reports of the progress of the institution, as well as many practical and important facts, the result of his large experience there. These reports were at first published quarterly, with a summing-up of the accounts at the end of each year; and he had thus published six reports when we had him stating—"The College of Surgeons having lengthened the course of clinical lectures, required as a qualification for obtaining their diploma, to six instead of three months, it has been thought proper to make a corresponding alteration in the periods for which the reports of the hospital are published. Accordingly, they will be published regularly every six months in March and September."

The success of the hospital was now steadily on the increase, not only in public support and its better recognition by the profession, but in the large and increasing number of patients that flocked to it for advice and relief. In the seventh hospital report he details a case of gunshot wound of the hand which had been brought to the hospital, and from which he deduced results that have influenced the practice of Surgery ever since. The hand was completely shattered, and required amputation above the wrist. This was successfully performed; but the state of the arteries of the hand proved most interesting—two of the larger divisions of the palmer arch were torn through, yet the hæmorrhage had not been excessive.

"The fact," says he, "that torn arteries bleed little or none has not yet been satisfactorily accounted for. Mr. Charles Bell thinks that the loss of vitality consequent upon the severe injury will increase the adhesive attraction between the blood

and vessel, so as to promote coagulation. Many people are satisfied with the alleged greater retraction that follows tearing; and others prefer the explanation which attributes the occurrence in question to the internal coats being ruptured more extensively than the external ones, and thrown into folds which obstruct its cavity.

"The truth seems rather to be, that when the artery is stretched the internal and middle coats give way before the tough cellular envelope, which, when it at last yields also, collapses about the other in a conical form. Trials on the dead subject suggested and have repeatedly confirmed this opinion, which agreed with the appearances observed in the hand under consideration, where the orifices of the vessels could not be discovered without difficulty, though they were of a considerable size."

This demonstration by Mr. Syme of what occurs when arteries are stretched and their coats torn across, is now generally adopted by surgeons, and is further confirmed by the experiments of Turner, who showed that in placing a ligature around an artery, tightening it and then removing it, the artery was completely blocked up by the division and retraction of the internal coat from the point at which the ligature had divided it.

In the ninth report, extending from February to August 1832, a very large increase of cases had to be recorded. 2548 patients applied for relief this year, a number in excess of the former year by 555. Of these 340 were admitted into the house, and treated there. In this report he says, "The hospital has been considerably enlarged by the addition of a lecture-room, which allows the apartment formerly employed for that

purpose to be converted into a ward for the receipt of patients." His last report of the Surgical Hospital at Minto House was published in September 1833. It was written after his appointment to the chair of Clinical Surgery in the University of Edinburgh. The history of this apppointment may be shortly given.

Mr. Russell, the former Professor of Clinical Surgery, had, in consequence of advancing age and increasing frailty, determined to resign, as soon as a suitable occasion offered. Mr. Liston's friends were first in the field to secure the chair for him, and Sir Robert Liston had several interviews with Mr. Russell on the subject; but he had resolved not to resign except on the condition that his successor paid him £300 a year for the period of his lifetime. This Liston positively, and in rather coarse terms, refused to do. Negotiations were therefore soon entered into with the friends of Mr. Syme, which culminated in the latter accepting Mr. Russell's terms. This point having been satisfactorily arranged, Mr. Russell resigned his chair, and Mr. Syme was duly appointed his successor in 1833. Some years afterwards the particulars of this appointment were revived in the pages of a medical journal by some anonymous scribbler, and gave rise to some correspondence, as well as some little bitterness of feeling, between Mr. Liston, Mr. Syme, and Mr. Russell. Fortunately for Mr. Syme, Mr. Russell was still alive, and able to explain the whole particulars of the transaction; and the plain manly statement he made established beyond further dispute the open, fair, and honourable character of the whole negotiations.

In the eleventh and last report of the cases treated in the Edinburgh Surgical Hospital, he says—

"In commencing this report it is necessary to explain the changes which have taken place in the arrangement for teaching Clinical Surgery in Edinburgh. Previous to the retirement of Mr. Russell, the professor of Clinical Surgery had no hospital patients under his own care; but by a private agreement with the managers of the Royal Infirmary, possessed the privilege of lecturing on all the surgical cases admitted into that institution, with the reservation, in favour of one of the attending surgeons, of a right to give clinical lectures on his own patients. In accordance with this arrangement, during the last ten or twelve years the senior attending surgeon has participated in the duties and emoluments of the professor's course. On my appointment to the chair of Clinical Surgery, the Senatus Academicus renewed an application they had formerly made to the managers of the Royal Infirmary, for the allotment of wards to receive surgical patients, on whose cases the lectures of the professor might be delivered; and, in the event of no such arrangement being effected, authorised the course to be delivered in the Surgical Hospital. The managers then resolved to place three wards, containing 30 beds, under my care, reserving to the two present attending surgeons the right of lecturing on their own patients. The Senatus Academicus approved of this proposal, and, at the *unanimous* recommendation of the medical faculty, added Clinical Surgery to the list of classes imperative on candidates for graduation in this University. The directors of the Surgical Hospital, finding that the contributions of the public, though annually increasing, were not sufficient to cover a half of the expenditure, and knowing that it would be impossible for me to give the institution the same attention and support as formerly, saw no prospect of being able to maintain it, and therefore came to the resolution that it should be closed."

Minto House Hospital, thus abandoned to its fate, was commenced in May 1829, and closed, as a surgical

hospital, in August 1833. During that time it had been carefully watched and as faithfully tended, both by Mr. Syme and by his three principal assistants—Dr. John Brown, Dr. Peddie, and the late Dr. Cornwall—towards all of whom Mr. Syme ever afterwards retained feelings of the deepest interest and most sincere regard. During the three years and a quarter that this institution had been in existence, no less than 8097 surgical cases had sought relief there, and of that number 1094 had been admitted as patients into the house; which gives us an average of 337 cases treated within the hospital per annum, although until the last six months it had contained only 24 beds. This average will triumphantly vie with any institution of the kind in Britain; for in surgical cases it is well known that many of them require prolonged treatment.

The count and reckoning of the establishment comes next, and is as follows :—

Receipts from 1829 to 1833.		Expenditure from 1829 to 1833.	
Contributions . .	£918 3 5	Furniture and medicine	£653 9 1
Students' fees . .	222 8 0	Rent, taxes, and wages	716 19 8
From Mr. Syme .	1775 11 4	Maintenance of patients	1500 0 3¼
		Miscellaneous . .	113 12 7
	£2916 2 9		£2984 1 7¼

In whatever light we look upon this great and successful effort to establish a surgical hospital in Edinburgh, and however much the countenance and assistance of friends, both pecuniarily and otherwise, may have tended to that success, one point stands out more clearly than any other—that, but for the clear mind,

the resolute will, and the persevering endeavours, of its originator, the result would have been widely different. But this effort and this success will ever stand as a monument of James Syme's zeal in the cause of pure Surgery, of his regard for suffering humanity, and at the same time of what can be accomplished in the midst of opposition and pecuniary difficulties. In this undertaking he was warmly supported by his immediate friends, and fairly enough by the public; but always cheered amidst difficulties and discouragements by his faithful and attached assistants, and his enthusiastic and grateful pupils. The affectionate interest he took in his students made him their idol, and the friendships made at Minto House between teacher and taught proved as lasting as life itself.

To sum up the story of Minto House Surgical Hospital, it may be stated that in the years of its existence under Mr. Syme he had treated in it probably a larger number of patients for the size of the hospital than any similar institution in Great Britain; and while the public sufficiently recognised the institution, and the fees of students, clerks, etc., were larger still, Mr. Syme had to pay out of his own pocket no less a sum than £1775 : 11 : 4. Whatever the reasons were which induced Mr. Syme to originate this institution, there can be no doubt that it proved a blessing to many, and a great boon to the city of Edinburgh. Mr. Syme's payment to it therefore must ever be looked upon as true charity, bestowed where it could not be abused, and, like all true charity, "blessing him that gives and him that takes." At this time it must be remembered that

Mr. Syme was fighting hard with fortune, and that £1800 was worth much more to him then than afterwards; but he paid it without a grudge, and closed the transaction. It cost him something then, but it amply repaid itself afterwards.

Minto House, thus temporarily exalted and then abandoned to its fate, was felt to be a loss which the citizens of Edinburgh had never contemplated. The private character of the institution, and the manner in which patients who had no home or friends to look after them were received on certain moderate payments, rendered the prospect of its discontinuance keenly felt by the city and neighbourhood. Accordingly, when Mr. Syme was appointed to the chair of Clinical Surgery, with wards assigned to that chair in the Royal Infirmary, it was resolved to hold a public meeting to determine whether or not this institution should be abandoned or continued as a private hospital and dispensary, corresponding to what our French neighbours have called a "Maison de Santé." Many individuals in large towns, although perfectly able to pay a fair sum for attendance and treatment, cannot possibly secure this at their own homes or lodgings. It consequently became an object of importance to the philanthropists of Edinburgh to secure if possible the continuation of this institution in a similar form, and especially under the fostering care of those assistants of Mr. Syme who had done so much to secure the success of his surgical hospital. With this end in view, it was resolved to re-open the hospital at Minto House under changed circumstances. The dispensary was to be carried on as

formerly, but the wards were to be instituted under the new arrangement—Dr. John Brown, Dr. Peddie, and Dr. Cornwall taking the charge alternately, and Mr. Syme being continued as the consulting and operating surgeon. The institution, under its altered circumstances, prospered, and continued for fifteen years to afford extensive benefits to those who were placed in need of such attention.

In the Tenth Annual Report of Minto House Hospital and Dispensary the directors regret that

"Drs. Brown and Cornwall, who, along with Dr. Peddie, have for ten years acted with the most entire cordiality as ordinary medical officers, have been obliged to resign their situations on account of their other avocations. But, though fully sensible of the value of their services, and grateful for their hearty co-operation, the directors have no small pleasure in assuring the supporters of this establishment that it will be maintained in all its former efficiency, so as to secure as much as ever the support and confidence of the public.

"They retain Professor Syme's valuable aid as consulting surgeon; and Dr. Peddie, to whom, as the directors by long experience know, the success of this hospital and dispensary, and the full development of its advantages, are mainly due, has generously undertaken the sole charge; and from the knowledge the directors have of his energy, professional fitness, and habits of business, they feel satisfied that, in many respects, the institution will be carried on with more spirit and effect than ever."

In the last, the Fifteenth Annual Report of the Minto House Hospital and Dispensary, we find the following statement by Dr. Peddie :—

"In tendering this last report, I cannot avoid remarking that the experience of fifteen years has fully realised the expec-

tations of those concerned in the orgin and working of the institution, that it would ultimately be successful, and proves the practicability of maintaining an hospital and dispensary for the industrious classes on a self-supporting principle. I regret exceedingly that circumstances connected with the expiry of the lease of Minto House, and the interference of other professional avocations, should have obliged me to relinquish duties which I had found pleasant, though arduous, and thus prevent me from carrying out the original design.

The report then goes on to say—

"The Committee cordially sympathise with Dr. Peddie in his regret at closing his labours at Minto House, after spending so many of his best years in its service, in dispensing to his suffering fellow-men one of the best blessings any man can either give or receive—relief from disease and restoration to health—and this without lowering their spirit of independence, or burdening any one for their support. The Committee doubt not he has had his reward in their lifelong gratitude, and in that personal good which every man must himself get in doing good to others.

"The Committee further beg to tender their best thanks to Mr. Syme for his much-valued and never-failing services as consulting surgeon."

Minto House, thus abandoned, was soon secured by private lecturers for class-rooms and museums, in consequence of its proximity to the college, and for a long period many of the extra-academical lectures of the Edinburgh Medical School have been delivered there. It has now, however, been doomed to be pulled down for city improvements; but its curious history, first as a residence of the Minto family, then as a successful surgical hospital, afterwards as a "Maison de Santé"

and dispensary, and finally as a series of lecture-rooms and museums, will always make it an object of interest to those who were connected with the medical history of Edinburgh in the earlier part of the present century. The vignette on the title-page exhibits Minto House as it was in the days of Mr. Syme.

CHAPTER VI.

Clinical Duties at Royal Infirmary—Rivalry—Liston leaves for London—Letters to Dr. Sharpey—Appointed Surgeon in Ordinary to the Queen for Scotland—Reconciliation with Liston—Correspondence—Legacy from his Uncle—Operation for Fungus of Testis—Liston's Visit to Edinburgh—His Sudden Death—Offer of Chair—Acceptance—Public Dinner—Discomforts in London—Resolution to leave—Returns to Edinburgh, etc.

THE appointment of Mr. Syme to the chair of Clinical Surgery in the University of Edinburgh inaugurated a new era in the teaching of this subject, not only in the University, but in the Royal Infirmary. It has often been remarked that some men are born poets, and the truth of this is recognised; but no man is ever born a surgeon. The knowledge and manipulation required for this office are only to be acquired by diligent and careful study, first of Anatomy, and afterwards of the phenomena of diseased structures. The training of Mr. Syme essentially fitted him for this onerous position. Brought up as an anatomist and teacher of the science, he afterwards devoted his attention to Surgery, and always looked upon his teaching of that subject as his most effective effort. His method was original, his manner sincere, and his success unmistakeable. As already stated, he at one time commanded the largest class ever taught in the Medical School of Edinburgh. To have 250

students attending a course of Systematic Surgery must have been, to any man, a proof of perfect success, and this he had in 1828.

When he commenced his duties at the Royal Infirmary, with wards assigned to him as clinical professor, he had much to compete with. Mr. Liston, the senior surgeon, was then in the zenith of his fame as a brilliant and successful operator. The field was shared by Mr. Lizars, also a good surgeon, and especially fond of the knife, which he used with much dexterity; while outside, Mr. Fergusson (now Sir W. Fergusson) was both able and anxious to secure the position of an operative surgeon. It must, therefore, have been a somewhat anxious, if not a trying, position, to engage in the duties of a clinical professor of Surgery at such a time. But Mr. Syme had long been a favourite teacher, and the students who had followed him from Minto House, as well as many others, recognised in him one in whom they could always place their confidence and trust. At the operations in the theatre of the Infirmary it was customary at this time for the different surgeons to come and witness, if not assist their fellows; but Mr. Syme not being in harmony with the rest, although he was present with his assistants and others, only remained to witness the operation, and then retired. Mr. Liston used to give unequivocal signs of the contempt with which he regarded this proceeding, but Mr. Syme, nothing mindful, continued to pursue the same course during the time that Mr. Liston remained as senior surgeon. What he did after Mr. Liston's removal to London is not known. Most probably he no longer attended the operating

theatre at these times. But he always had a lingering fondness for Liston, which even the harsh and contemptuous conduct of the latter could not remove; and he recognised by his presence the dexterity and skill which were so characteristic of that great surgeon.

From the time of Mr. Syme's appointment to the chair of Clinical Surgery, and to special wards assigned by the managers to that chair, his success as a teacher, operator, and consulting surgeon, was steady and secure. The system of clinical teaching which he at once introduced into the Infirmary was a great and practical improvement upon the old method; and no long time elapsed ere its effects upon his following of students began to appear. They gradually came to see the advantages of this plan, and flocked to his clinique. This certainly was an unexpected result, when Liston was still the senior surgeon of the Infirmary. Liston was a man of but few words. These, however, were always to the point, and his few remarks after an operation were remarkably clear and pointed. His operations, too, were such as were calculated to attract young students by their dash and success. He used to perform amputation at the thigh single-handed, compress the artery with the left hand (no tourniquet), and do all the cutting and sawing with the right, with only the assistance of his house-surgeon to hold the limb and tie the ligatures on the arteries. He was a powerful man, and could follow this method without effort. But Mr. Syme had never the physical capabilities of Liston, and never aspired to such a soaring height in his operations. He contented

himself with doing things well, wisely, securely, and successfully.

But this rivalry was not to last long. Mr. Liston was offered the chair of Clinical Surgery in the University of London in 1835, accepted it, and thus left his old friend master of the field in the Scottish metropolis. His removal to London at once constituted Mr. Syme the consulting surgeon of Scotland. Mr. Lizars was not a favourite, and Mr. Fergusson was then, as it were, only beginning that practical career which has since earned for him such honour and renown. Then Dr. Watson (now Dr. Watson Wemyss), although a surgeon to the Royal Infirmary, laid himself out more for Medical Jurisprudence than for Surgery, and otherwise the field was free; so that, at the early age of thirty-four, Mr. Syme may be said to have acquired for himself the consulting practice of an entire country. Even at this time he did not hesitate to affirm that the consulting practice of Edinburgh and neighbourhood made up but a small portion of his professional income, which must have been equal to that of any other professional man in the metropolis of Scotland. The two following letters illustrate the importance which was at this time everywhere attached to his advice and practice :—

"9 Charlotte Square, 19th November 1836.

"My dear Sharpey—You will herewith receive a copy of the new edition of my book. It is doing extremely well here. Sir Charles recommends it; and, in short, I believe there is no other elementary work in request: say a good word for it to your pupils. We have good accounts of you from Chadwick, etc. etc., and begin to fear that prosperity has made you unmindful of old

friends. You will still, however, I daresay, be glad to learn that we are thriving here too. The University is better attended, so far as can be judged from the matriculation up to this date, there being seventy more than at the corresponding time last year.

. . . . . Since writing you I have been at Montrose on a similar expedition to the Dundee one last year; but this time I was sent by the Lord Advocate, at the request of the medical and municipal authorities of the place. The case was a wound of the external iliac, which I tied. The patient was in the Infirmary, and has done well. JAMES SYME."

"9 Charlotte Square, Tuesday, 1st May 1837.

"My dear Sharpey—Having the opportunity afforded of Dunsmure going to Paris *via* London, I write without anything particular to say. . . . . The day after my arrival here I was sent for to Inverness to see a gentleman who had been injured three weeks before by falling from a gig. The case being obscure, the patient accompanied me home in the steamboat. There was an immense tumour of the axilla and shoulder, which had come on immediately after the fall, but never pulsated. The arm was œdematous. I tried pressure by bandaging without effect, then punctured the swelling, to see what was in it, and finding arterial blood, tied the subclavian. The hæmorrhage persisting, it became necessary to amputate the arm at the joint, when it appeared that the artery had been torn across just below the origin of the subscapular. The patient has done remarkably well, and is now in a fair way of recovery. I never had to do with a more anxious case. Poor Jameson has been very ill—obstruction of the bowels, but is now out of danger. You have doubtless heard of Mackintosh's death. What an unsatisfactory life his has been! I am told that an obligation which he had undertaken to deliver a course of popular lectures on Physiology kept him in a state of painful excitement. With all his faults, he will be missed in the present imperfect state of medical instruction here. I wish Christison could be got into Home's place. Abercrombie, I fear, will never make up his mind to the undertaking. You are well off in being connected

with a young and thriving school; and if it were not for the practice, I should sometimes feel rather gloomy. . . . . All the people here are well, and unite with me in best regards.

"JAMES SYME."

In 1837 he thus writes to Dr. Sharpey:—

"9 Charlotte Square, 8th October 1837.

"My dear Sharpey — It occurred to some of my friends that the Queen should have the benefit of my services in Surgery. Sir James* entered very keenly into this, and the Lord Advocate made application for me in the proper quarter. It is not improbable that Dr. Clark may be consulted in regard to this appointment, and having no acquaintance with him, while Ballingall, I suspect, has been courting his good graces, I feel anxious that he should know how the land lies here. Ballingall certainly does not occupy the position that would entitle him to the honour in question. For my own part I don't care much for such distinctions, but should not wish to be passed over.

"In these circumstances, it would be doing me a great favour to put Dr. Clark on his guard against hastily deciding from his own personal knowledge of the parties. If you can and will do this for me, don't lose a day.

"From your not writing I really sometimes fear that you are still thinking of the Pathology. Much as I dislike the whole affair, I should dislike it still more if I thought it could possibly lead to any difference between us further than the difference of opinion which has always existed. If you are dissatisfied with anything that I have said or done, you should say so; and if not, put an end to this portentous silence, which is equally unnatural and unpleasant. David (from Arbroath) has been here for the last week reposing from his labours. D. Stevenson has come to spend the winter on account of his wife's health.

"I am in the press—a treatise on Disease of the Rectum—and miss your critical castigation. As the best substitute for it, got Scott and Christison to look over the proof-sheets, but they let

* Gibson-Craig.

me off much more easily than you used to do. . . . We are all well here, and are now an united family, the outposts being recalled. Do you recollect ——'s appearance when he came out of the water? JAMES SYME."

"9 Charlotte Square, 8th November 1837.

"My dear Sharpey—The Lord Advocate has heard from Clark that his delay as to the Queen's medical staff here proceeds from not knowing the Advocate's wishes on the subject. The former must be oblivious of the letter from his Lordship to me which you showed him, and which was intended to give him this information. Another letter was sent off yesterday, so the matter will probably soon be arranged now; and I therefore beg that you will spare half-an-hour on Friday or Saturday next to assist the baronet with your local knowledge.

"The College of Surgeons have purchased the obstetrical part of Mackintosh's museum, including Charles Bell's preparations, and the additions made to them, for £400. . . . . .

"JAMES SYME."

"Charlotte Square, Saturday, 25th Nov. 1837.

"My dear Sharpey—I am sorry and ashamed to trouble you any more about this appointment to the Queen's staff. Sir James (Gibson-Craig) says that he hears from the Advocate the appointments will be very limited unless great influence is used, and urges me to use all the influence in my power. Believing that you have much to say with Clark, I therefore beg to sharpen your attention to what may be going on. My book on the "Rectum" is out. I'll send you a copy next week. It is very creditable to our friend Stark.* . . . . . The students (medical) are within twenty of what they were last winter, and the difference is diminishing. Christison's class is precisely the same. Mine is at least a third better. There is now a marked change in the importance attributed to Clinical Surgery, and I am quite ready for the free-trade system whenever you metropolitan gentlemen open your shop. JAMES SYME."

* The printer.

This matter, about which he seems to have been somewhat anxious, was settled by his receiving the usual documents from the Lord Chamberlain requesting her Majesty's Usher in daily waiting to swear in James Syme, Esq., to the office of Surgeon in Ordinary to the Queen for Scotland. He was accordingly duly sworn, and admitted on the 3d day of March 1838.

The year 1840 is memorable for his reconciliation with Liston. We have already referred to the lingering fondness he had for his old friend; and Liston's generous heart forgot in time and at a distance the animosities which had occurred between them. Anxious to erase from his memory any ill feeling, and to recognise the prestige of the great Scottish surgeon, he indited the following letter :—

"Royal College of Surgeons, London,
"12 Old Burlington Street,
"Dec. 19, 1839.

"Dear Syme—It is long since I addressed you, but finding our friend Willis in the act of writing, I could not resist the temptation of saying a few words, with the view of bringing about a reconciliation. This ought not to be difficult now; for myself, I can say that I have no angry feelings towards you, and you ought not to have any hostile feelings towards me. I have long thought of having our differences adjusted, and I trust you will not throw any obstacle in the way. You broke the ice once, but in rather a roughish way. Excuse me for alluding to that affair.* Will you allow me to send you a copy of my last

* The matter referred to here was the interference of an anonymous correspondent of the *Lancet*, regarding the chair of Clinical Surgery in the University of Edinburgh, which has been noted elsewhere.

book? Write and tell me that you wish to have our grievances and sores not plastered up, but firmly cicatrised; there is a surgical figure for you.—Believe me, yours faithfully,

"James Syme, Esq. "ROBERT LISTON."

"I am not so bad as you believe me to be."

What reply Mr. Syme made to this letter is not known, but from what afterwards happened, there can be no doubt that the hand of friendship held out by Liston was readily grasped by him, and that much correspondence of the most genial character passed between them.

An incident of a curious nature, but one which turned out most happily, occurred about the beginning of the year 1841. The London post brought a letter one morning, addressed to Mr. Syme's brother, making very particular inquiries after the family of the late Mr. John Syme of Cartmore, and asking whether any of them were alive. He replied in due course that he and his brother James, then Professor of Clinical Surgery in the University of Edinburgh, were the only descendants of John Syme. No further letter was received, and matters remained in this state and without further explanation, when Mr. Syme received a note or message to visit a gentleman of his own name then resident in one of the Edinburgh hotels. The visit was paid in the course of the forenoon, and, instead of finding a patient, he had the satisfaction of being introduced to his father's brother, an infirm gentleman, who had but recently returned from India,* and being an unmarried man, and without family, was

* He had been a wine-merchant in Calcutta, and had amassed a large fortune.

anxious to learn whether or not any of his brother's children were still alive. With this view he got hold, when in London, of an Edinburgh Directory, and there discovered the name of David Syme, advocate, to whom he wrote for information.

The visit was a peculiar one. Mr. Syme found a frail and eccentric old man, who had lived much alone, and who did not desire more than to know his relations, and where to find them. It is said by some that, at this interview, Mr. Syme was told of his uncle's peculiarities, and that, in the event of his wishing to see him at any time, he would send for him. Others aver that his uncle took a house in the neighbourhood of Edinburgh, and that Mr. Syme, anxious to show him some attention, took his wife with him one day to call, but that the reception was cold and formal, and sufficient to show to a man who knew anything of the world that nothing was to be gained by such acts of courtesy or kindness to one whose peculiar eccentricity was so marked.

Mr. Syme prudently took the hint, and troubled his uncle no more with friendly visits; but it was not long before he was summoned to see him professionally. His ailments proved to be not of a surgical, but of a medical, nature, and Mr. Syme naturally suggested that he should bring his friend Dr. Christison, or any other physician, as his case was not of the nature of those he was in the habit of treating. To this, however, he would not listen. He wished nobody to attend him but his nephew. Sir R. Christison has often told how anxious Mr. Syme was on this point, feeling, as

he did, that there was no end of what might be said of his uncle dying in his hands alone under these circumstances. But the old gentleman was inexorable; he not only would not see any other professional man, but insisted on Mr. Syme taking his professional fee at each visit. He lingered for some short time and died, leaving a will, in which he left his whole property, which was very considerable, equally divided between his nephews David and James.

The following letter to Dr. Sharpey shows his feelings on the occasion :—

"Charlotte Square, April 11, 1841.

"My dear Sharpey—This is indeed surprising news that Liston tells me of your intention to accompany him to Northallerton, and no less agreeable than surprising. It will be a rare meeting. Chadwick wrote asking me to go on to Leeds, but I decidedly negatived this, and think it likely he will join us. Liston, I am sure, will not let a trifle prevent him from fulfilling the resolution he has formed, and I sincerely hope you will be equally determined. It would be a terrible disappointment to me if the gathering were not to take place.

"I sent you a notice of the old gentleman's departure, and Liston has told you the result. It is a comfortable feeling to be independent, and I have no doubt that the mere fact of being so will increase my professional friends.

"The candidates for graduation are not fewer than last year.

"I expect to hear from Liston the particulars of your advent, and shall regulate my own then. JAMES SYME."

At this time Mr. Syme published an account of a new operation for "Fungus of the Testis." A case in which he had operated became the subject of

microscopic investigation by him and Professor Goodsir, and they found that it was covered externally by a thin layer of substance possessing the character of a granulating surface, so that the excrescence might be regarded as merely an extreme degree of exuberant granulation.

"When the fungous growth is divided longitudinally—that is, from the base towards the circumference—it may be seen to consist of two textures, distinguished by their colour and arrangement: one is brown and disposed in straight lines, radiating from the base, where they are nearly or quite close together, towards the circumference, where they are more or less apart, according to the size of the excrescence.

"The other is white and granular, lying in the spaces which are afforded by the diverging rays: the former is composed of the tubuli seminiferi altered in situation but not in structure, while the latter is simply organisable lymph that has been effused into the interstices.

"This observation suggested to me the idea that by the use of proper means, the fungus might be made to retrace its steps, through absorption of the white substance and gradual approximation of the brown, and that the granulating materials of the surface might thus be enabled to complete the healing process."

Pressure was the agent to which he looked, for he remarked that the fungus issued through a small orifice, and that the skin lay in folds above the ring which encircled the protruded mass. After explaining these views to his class, he operated on two patients then in hospital with this disease. The integuments were separated from the fungous growth on all sides, the incision was extended upwards and downwards, and thus permitted the skin to be stretched over the growth, when it was stitched and supported by plasters and a bandage.

The first cases occurred on the 15th January, and they were both able to return home about the 9th of February. The next case was one of larger dimensions, but terminated in a perfect cure within a fortnight after the operation; and he adds as the result of further experience—

"I think it will be expedient always to remove the hard ring of skin through which the fungus protrudes, so that the whole integument concerned may be competent for adhesive action, not only on the surface, but also between its edges."

Some time after this Mr. Cæsar Hawkins of London, in a lecture on diseases of the testis, made the following allusion to Mr. Syme's new method of practice. He said—

"I was amused lately by seeing this practice running the round of the journals as an improvement lately introduced into Edinburgh by Mr. Syme, whereas you may see it in Sir Astley Cooper's work on Diseases of the Testis, which is in everybody's hands."

Mr. Syme could not sit quietly under this impeachment, but wrote a letter to Mr. Hawkins, enclosing a copy of the *Monthly Journal of Medical Science*, in which his microscopical observations and cases had been published. Mr. Hawkins, in reply, stated that he "meant the observations solely to apply to the printers or conductors of the several journals, who put in the title of contents on the covers and on the headings of the pages, 'New Operation for the Cure of Fungus Testis,' and who, I imagined, had mistaken an allusion by you in a clinical lecture to Sir Astley Cooper's practice for a new proposal of your own which you had not intended

to call it."* "From this curious explanation," adds Mr. Syme, "it would seem that Mr. Cæsar Hawkins' surgical reading is confined to the covers of journals, and that his pupils are favoured with the reflections which naturally result from such profound literary researches into the labours of his contemporaries."† Here he showed his usual spirit in repelling an attack on his originality and success. No more was heard about it, and Mr. Syme's neat operation is now the one generally adopted.

In the year 1848 he published his work entitled, *Contributions to the Pathology and Practice of Surgery*, being a selection of the most important of his previously published papers, with additional remarks. In this volume are thirty-one articles, some of them of the highest importance. Thus we have his remarks on "Senile Gangrene;" "The Power of the Periosteum to form New Bone;" "Ulcers of the Leg;" "Amputation at the Ankle-joint;" "Treatment of Popliteal Aneurism;" "Excision of the Elbow-joint;" "On the Contractile or Irritable Stricture of the Urethra;" "Lithotomy," etc. Many of the subjects reproduced in this volume are innovations in the practice of surgery proposed and carried out by himself, and have become the standard of operative procedure and treatment at the present time. We cannot dismiss this volume without quoting his opinion of the excision of the diseased extremities of bones:—

"Of all the articulations in the body," says he, "there are

* *Medical Gazette*, January 23, 1847.

† *Edinburgh Monthly Journal* for August 1847.

only two which admit of being cut out with advantage for the removal of carious bone. These are the shoulder and elbow joints. The knee may be excised, but not with the effect of preserving a limb so useful as an artificial substitute after amputation of the thigh. I tried the operation nearly twenty years ago on a boy, who recovered perfectly from it, and seemed at first to possess a limb little inferior to its fellow, except in so far as it was stiff at the knee; but" he adds "that the operated limb did not grow in proportion to the other, and at last was several inches shorter than its fellow. The ankle-joint, according to M. Moreau's experience, may be cut out, but requires a very long and tedious process of recovery, and, when healed, such a foot is not so good a support as the stump after amputation at the ankle.

"The wrist-joint, from its complex carpal articulations, with the numerous tendons, nerves, and blood-vessels passing over it, could hardly admit of caries being extirpated from it by excision, and certainly not so as to procure a hand of the smallest use."

In the autumn of 1847 Liston came to Edinburgh to pay his old friends and relations a visit. It was remarked that his manner was more subdued than when he left Edinburgh for London, but otherwise his appearance was much the same. He and Mr. Syme were often together, and their friendship seemed to be as warm as ever it had been in their earlier years. He dined with Mr. Syme at Millbank the day after his arrival in Edinburgh, and again the day before he left for London.

Little did the reconciled friends dream, when they parted from each other on this occasion, of the important changes which were looming over both of them; for a few months had hardly elapsed from this time, when Mr. Liston died somewhat suddenly from the pressure

of an aneurism of the aorta against the trachea. The news of this sudden calamity came like the shock of an earthquake upon his numerous friends and admirers in Edinburgh; and upon none more so than Mr. Syme. He felt more keenly than ever their long estrangement, and the happiness which had followed the renewal of their friendship; and while still brooding over these things with affectionate longing, he was startled with the offer of Mr. Liston's chair in University College, London. This was undoubtedly to be looked on as a great honour, but it was one which required to be well weighed before being accepted. He was at this time Professor of Clinical Surgery in the University of Edinburgh, and a surgeon without a rival in Scotland; but he was offered the chair which had long been filled by Liston. He thus would have an introduction to the great practice of the metropolis, and above all he would be enabled to introduce his system of clinical teaching into London College and a London Hospital.

It was not without a struggle that he determined to accept the London chair, feeling as he did that he was leaving much behind in the shape of attached friends and supporters, a devoted following of students, and a splendid practice, together with his favourite residence of Millbank near Morningside, which he had done so much to beautify and adorn. All these things made him hesitate for a time. But as in everything he did in life, when he made up his mind, he left no stone unturned to do the thing rightly. He at once secured a good house in Bruton Street, and did everything in

his power to make his entry into the profession in London a successful one.

As he was urged to come up to London as speedily as possible, there was no time for delay, on the part of the medical men of Edinburgh and neighbourhood, in giving expression to the opinion they entertained regarding him. They accordingly invited him to a public dinner, as a parting tribute of their esteem and admiration of him as a man and a surgeon. This took place, on the 4th February 1848, in Archers' Hall. Professor Christison, President of the Royal College of Physicians, occupied the chair, and Dr. Pagan, President of the Royal College of Surgeons, was croupier. Upwards of one hundred members of the profession attended—nearly the whole profession in Edinburgh and Leith, and representatives from Glasgow, Berwick, North Berwick, Airdrie, Jedburgh, Melrose, Dumfries, Ratho, Alloa, Dunfermline, Cupar, St. Andrews, Manchester, Lincoln, and Belfast. Several leading members of the profession were unable to be present, and sent notes of apology. One of these, from the late Professor Alison, will be sufficient to show the character of the others.

"Heriot Row, 4th February 1848.

"My dear Syme—I am very sorry that I cannot attend the dinner in your honour to-day; but having had the wisdom to put myself under petticoat government, I think it incumbent on me to submit implicitly to that rule, and am under a prohibition as to public dinners, especially of so formidable attractions as one of 130 *doctors*.

"I assure you that I do not the less cordially join in wishing you success in your new sphere of action, which I hope may be

more useful to yourself, although I do not admit that it is likely to be more useful to the world than that in which you have hitherto moved.—Believe me, ever, very sincerely yours,

"W. P. ALISON."

After the cloth was removed, the chairman stated that as there never had been such a meeting of the medical profession before in Edinburgh, it was proposed to commemorate it by the signatures of the members of the company in a book to be presented to Professor Syme. In proposing the toast of the evening, Dr. Christison, the chairman, referred to the early and long friendship which had existed between them, and to the emotions which the somewhat sudden breaking of that companionship gave rise to.

"Among all these conflicting feelings there was one sentiment that constantly buoyed them up, and that was faith in his success, faith derived from a retrospect of the circumstances of his past life; for whether they regarded him in the capacity of anatomist, lecturer, professor, author, or surgeon, they would find that every step of advancement which he had made as a professional man had been owing, not to the favour of fortune, not to the patronage of the powerful, but to his own intrinsic merits and his own independent exertions.

"His genius and talents could not be long appreciated as a lecturer and a professor without his being rapidly brought into notoriety as a consulting surgeon, and he believed he was safe in saying that there never had been a surgeon in this country who had obtained the position of consulting surgeon for a whole nation at so early a period of life. At the age of thirty-five, probably even earlier, he became the consulting surgeon of Scotland.

"It had been remarked of the medical profession that every man who had filled some space in the public eye as a physician or surgeon, had some collateral pursuit. Dr. Cullen had his

rural retreat; Dr. Gregory his Latin and polemics; Sir Charles Bell his pencil and his rod; Mr. Liston his hunter; Mr. John Bell his trombone. Mr. Syme had also his collateral pursuits, and in these he had engaged at an early period of life, for at school, when it was considered an educational heresy, he devoted a good deal of his time to the study of the natural sciences. In later years these tastes of early life created a taste for horticulture, and he had carried his love for this department of art to such a length that he had rendered his garden and conservatories conspicuous in this land of gardeners. There was nothing as to which he so much condoled with him as that, when he went to London, he must sacrifice these delightful avocations.

"The chairman concluded amidst much applause by pledging a bumper to the health of Professor Syme, and wishing him long life, prosperity, and every success.

"Professor Syme, in replying, was most enthusiastically received. He stated that the great object of his ambition had always been to stand well with his professional brethren. He knew well that he did not possess the talent for accomplishing this by striking effect, or by any sort of display whatever. But he had, nevertheless, ventured to hope that he might ultimately succeed, through steady perseverance, guided by an anxious desire to be useful and an earnest straining after truth. These principles of action had been early implanted in him. When he thought of the many attached, old, and esteemed friends whom he was about to leave, he felt that the step which was to remove him from them was a very painful one. It was a step so painful that he never could have resolved upon it, but from a combination of circumstances very peculiar. In entering upon his new field of practice he meant to be guided by the same principle which had hitherto conducted him, and he thought he might promise that, whatever measure of success he might experience, they would never have occasion to feel ashamed of him as a member of their profession. The medical history of Edinburgh, for the last twenty-five years had been sorely troubled and perplexed; party feeling had run high, and personal animosity had added acrimony to professional discus-

sions; he had often expressed opinions when silence would have been more conducive to his own quiet and professional advancement; but he had not followed this course from any abstract love of strife; on the contrary, he was second to no man in his desire for peace, and he had never entered into contention unless necessary to vindicate some principle which he thought it his duty to maintain. He assured them that he looked upon this expression of their regard and approbation as the greatest compliment that could be paid him. It would always be to him a subject of the most pleasing and grateful recollection, a more than sufficient reward for all his past exertions, and the strongest incitement to conduct himself for the future so as to deserve their good opinion."

In a leading article of the *Scotsman*, a week after this event, we find the following passage :—

"In the *Scotsman* of this day week we gave what was necessarily an imperfect report of the dinner given to our distinguished townsman by his professional brethren. We never witnessed such a sight; we are not likely to witness its like again. Upwards of one hundred medical men from all parts of the country, from Ireland and from England, and, we might say, the entire faculty of the city, met, at great inconvenience to many, to express their sense of Mr. Syme's worth as a teacher, as a surgeon, as a man, and as a friend, and to record their unfeigned and deep regret at his loss, and their assured confidence, from the best of all evidence, that his success in the mighty field on which he was entering would be commensurate with and worthy of their best hopes and his tried deserts. This expression is all the more valuable and unique, that it was given to a man of few words, of no showy parts, and who will pardon us when we say of him, that as a mere man of society, or what is by the world called a good companion, he is less remarkable than for his sterling excellence, and his intrinsic qualities as a man of discernment, judgment, and action."

Before leaving Edinburgh for London he had resigned his wards in the Royal Infirmary, and the managers on

the occasion inserted in their minutes the following resolution, a copy of which was ordered to be sent to Mr. Syme :—

"The Managers, having taken into consideration the recent communications from Professor Syme announcing his appointment to and acceptance of the Professorship of Surgery in the University of London, in consequence of which his professional connection with the Royal Infirmary of Edinburgh has now ceased, resolve to express the high sense they entertain of the obligations under which the hospital lies to Professor Syme for his past services during his long official connection with that institution. And, while the Managers acknowledge the loss to which the Infirmary and the whole medical and surgical school of Edinburgh must be subjected by the removal of Mr. Syme, they entertain no doubt that he will sustain and raise the character of that school in the wider sphere of action in which he is in future to be engaged; and they sincerely trust that he will there enjoy that full success and honour to which his high professional attainments so fully entitle him. And they direct a copy of this resolution to be communicated to Professor Syme."

The following letter from Lord Ivory is worthy of being recorded :—

"Ainslie Place, 6th February 1848.

"My dear Syme—I have repeatedly called to get a shake of your hand, and tender you my sincere and hearty congratulations on what I am happy to believe will prove your substantial advancement. In common with your many other friends I cannot but grudge the necessity which this circumstance occasions, of your being removed from among us. But it would be selfish to let that interfere with our pride and gratification in seeing the well-earned success due to a life of exemplary and eminent professional exertion so happily consummated. *Macte virtutibus.* You have all our sympathies, and warmer wishes for the future welfare of all that belong to you could follow no one. Your triumphal dinner passed off to a wish. I had more than a han-

kering inclination to join in the great manifestation; but on learning the resolution to make it a professional tribute, which I think was an eminently wise one, I repressed all, and did my best to bring others to the like conclusion. God bless you, here or elsewhere; and may your shadow never be less.

"J. IVORY."

The following letter, without a date, speaks for itself:

"My dear Syme—You may perchance say I am too long on this theme, though somehow I think you will not be displeased to have a word on our lost friend, from one who knew him and loved him in all his better elements, and who, for the sake of these, went a long way in forgiving him for the worse features in his mind and character. *Sit terra lævis!*

"And now, my dear friend, let me congratulate you on the prospect that lies before you in a theatre that is truly worthy of your deserts and your abilities. I received the volume of Contributions to the Pathology of Surgery, and made it the companion of my rides every day till I had finished it. Your preface is the happiest thing of the kind in medical letters. Reading again the papers on your early operations was like meeting old and cherished friends after long separation. It is a pregnant volume, and will usher you very advantageously into the presence of the London public. The best and most highly esteemed of public men must still keep themselves before the world of London. Brodie has all his life been a great advertiser. Liston was the same, more and more so every year he lived. I think you will arrive under great advantages at this time. I should imagine your coming will be hailed as a kind of avator by the general practitioners, none of whom you have offended by your acts in medical politics. I fancy you will be borne upon the shoulders of the respectable medical profession to the highest seat at the consultation table at once. Without being subservient, or even condescending, you must still use all fair and gentle means to secure the good will and confidence of the general practitioners. Doing this the battle is won. . . . . It will be truly delightful if, besides your London residence, you

can find a dwelling in the neighbourhood that took your fancy. When I heard of your coming I incontinent settled the nursery at Roehampton, by far the sweetest and genteelest suburban hamlet. We shall look at that vicinage together some spring or early summer evening, and I feel assured that on sight of it you will not think of the abandonment of the land of Canaan with regret. There are many eminent horticulturists and gardeners there too, so that you would not feel yourself dissevered from what I have been assured is a favourite relaxation with you. . . .—Always yours, R. WILLIS."

Mr. Syme left Edinburgh and proceeded to London on the 13th day of February 1848, to occupy the position which the death of Mr. Liston had left vacant. He had hardly got settled down before he received a most satisfactory tribute of welcome to his new position, in an address of congratulation presented to him by 180 students of University College. Mr. Syme's first lecture was delivered under rather untoward circumstances. Although there was a commodious clinical theatre in the hospital, he chose the operation theatre, not being aware that it was not provided with seats; the standing-room for the students being divided by rails rising one above another. On entering the room he accordingly found the young men perched on the rails in lieu of benches, doubtless much against his ideas of decorum, but their behaviour was perfectly respectful. On his representation the defect was remedied, and the relation between himself and his audience became in every way satisfactory. This is further shown by a remark he makes in his letter of resignation, in reply to a statement which was then current, that it was the conduct of the students that had made him resign. He

says, "I have not been induced to offer my resignation in consequence of the conduct of the students." Indeed, so great a favourite had he in a short time become, that when the students heard of his resignation many meetings were held, at which resolutions were passed, urging him to withdraw it.

But his account of what took place at University College, and of the reasons which determined him to resign, and return at once to his old sphere in Edinburgh, will be best told in his own words :—*

"When the class of Clinical Surgery became vacant in the month of November last, urgent representations were made to me on the part of the College that it would promote the welfare of the establishment, and extend my own sphere of usefulness, were I to take the places which the death of Mr. Liston had rendered vacant in the hospital and school. Upon inquiring into the particulars of the position, I learned that the Professor of Clinical Surgery had received a fixed sum from the College, and that, in consideration of his assisting the Professor of Systematic Surgery to the extent of nearly a half of the course, including the operative part, he had received from that gentleman a sum of about the same amount. It was intimated to me that I might rely upon a similar arrangement either with Mr. Cooper or his successor; and although the pecuniary temptation thus held out was not very strong, being much less than the emoluments derived from my chair in Edinburgh, I nevertheless signified my willingness to accept the invitation. I did so in the persuasion that the position which I held in Edinburgh would render the transference of my services to University College acceptable to all parties interested in the school; also, that Mr. Cooper would accept from me the assistance which Mr.

* Statement of Mr. Syme relative to his Connection with University College. 1848.

Liston had given him, and which I should have been happy to render with the respect due to his years and labours for the profession.

"I further expected that, in the event of Mr. Cooper's retirement, the Council would provide a successor able to teach the doctrines of Surgical Pathology with credit to the school, and willing to allow my co-operation in those departments of the course, which, as a practical surgeon, I might undertake with the prospect of most benefit to the students and least exertion to myself.

"Understanding that the operative part of the systematic course was given in March, I intimated to a gentleman conversant with the arrangements of the College that I was prepared for this part also of the duty intended for me; but was told that as Mr. Cooper had been allowed to select assistance for the course in progress, there was no present occasion for my services in this department. An uneasy foreboding, which was then excited, that some difficulty might be experienced in obtaining peaceable possession of the place that had been held out to me, before long became strengthened by the report, which I accidentally heard, that Mr. Cooper had resigned his chair. Soon after this I was requested to confer with a committee of the Council in regard to supplying the vacant chair; and being then asked, without reference to the colleague with whom I might probably be associated, to state what portion of the course I was willing to undertake, I mentioned the operative part, with some departments of Surgical Pathology most directly bearing upon it, such as those of the bones, bloodvessels, and urinary organs. A statement to the same effect was afterwards, at the request of the committee, submitted in writing for the consideration of the Council.

"On the 15th April one of my colleagues brought me a message from the Council, to the effect that I should relieve them from a great difficulty by undertaking the whole of the systematic course, in addition to my duties as professor of Clinical Surgery; and a member of the Council, whom I met the same evening at Lord Northampton's soirée, very strongly pressed upon me the acceptance of this proposal.

"It was then that I began to have the painful consciousness of being in a false position, since the labour of conducting the whole of a systematic course was obviously inconsistent with the attention requisite for duly discharging my other engagements in public and private, while at the same time I could not doubt that the Council would have abstained from making such a request unless the welfare of the school very urgently required my compliance with it. Into the grounds upon which their opinion had been founded it was not for me to enter, since they must be supposed to possess the best information as to the exigencies of the College, while, until a recent period, I had hardly any personal acquaintance with the members of the medical faculty, and was altogether unacquainted with the under-current of private feeling which might interfere with the discharge of public duties. The only choice, therefore, left was, either to sacrifice my comfort and views of practice by encountering the fatigue of full engagement in teaching, or to place myself in opposition to the strongly-expressed wishes of the governing body of the school.

"On the 7th May, while still balancing the evils of this alternative, I was present at the distribution of honours to the students of University College, and witnessed a most painful scene in the contumelious treatment of two gentlemen standing to me in the relation of colleagues. One of these was a very old friend, for whom I entertained the greatest respect and most sincere regard, who has devoted no ordinary energy during the best years of his life to the service of a school, in his zeal for which he declined a chair of Anatomy yielding more than double the emoluments of that which he now occupies, besides being in other respects more advantageous. I abstain from any remarks upon the propriety of such demonstrations, or their consistency with the feelings that ought to exist between teachers and students; but, for my own part, I must confess that the slightest approach to any insult of the kind, whether offered in the comparative retirement of the lecture-room, or inflicted publicly with the silent sanction of the presiding authority of the College, would effectually incapacitate me from ever address-

ing my pupils with satisfaction to myself or benefit to them. Entertaining these sentiments, and knowing how inferior any claims to the respect of University College that I could ever establish must be to those of the gentlemen to whom I have just alluded, I felt little encouragement to assume the onerous obligation of a double charge, in opposition to the hostility which would probably be transferred to me, and under the pressure of daily increasing claims upon my private attention. I therefore addressed the following letter to the colleague who had communicated to me the wishes of the Council :—

"'22 Bruton Street, May 7, 1848.

"'Under all the circumstances of University College as they are now known to me, I have resolved to decline undertaking any part of the duty belonging to the chair of Systematic Surgery. I lose no time in acquainting you with this resolution, that you may communicate it in the proper quarter.'

"This communication having led to such a renewal of the arguments in favour of my undertaking the whole of the systematic duty as satisfied me that there could be no comfort in the case of non-compliance with this proposal, I addressed the following letter to the Council of the College :—

"'22 Bruton Street, May 10, 1848.

"'My Lords and Gentlemen—From circumstances altogether unknown to me when I accepted your invitation to fill the places in University College and Hospital rendered vacant by the death of Mr. Liston, I regret to find that it would not be possible for me to engage in teaching Systematic Surgery without endangering the harmony of the school. I have therefore resolved to decline undertaking either the whole or any part of this duty ; and having reason to believe that my services cannot be thus withheld without embarrassing the Council in providing for the course of surgical instruction in University College, I feel it further incumbent on me to resign the situation which I hold as Professor of Clinical Surgery and Surgeon of the Hospital.

"'With sentiments of the greatest respect and gratitude for

the confidence reposed in me by the Council, I have the honour to remain, my Lords and Gentlemen, your most obedient servant, JAMES SYME.

"'To the President and Council of
University College.'"

The following letter from Sir R. Christison on the same subject is at once curious and interesting :—

"40 Moray Place, July 12, 1873.

My dear Dr. Paterson—You are quite right in your belief that medical men generally in this country, and even Mr. Syme's own medical friends, have been much in the dark as to his reasons for transferring himself from Edinburgh to London, and still more for his abandoning London after a very brief trial. Happening to be in London at the time when he came to the resolution to return to Edinburgh, and, in fact, living with him at the moment as his guest, I naturally became cognisant of his proceedings and of his feelings ; and I think it is well that the true history of this apparently strange episode in his professional life should be known to his biographer. I now therefore supply that history, of which you may make such use, in your biography of our friend, as your discretion may direct.

"When Mr. Liston died, Mr. Syme was advised and invited by his friends in University College to accept the succession to that eminent surgeon, as Surgeon and Professor of Surgery in the North London Hospital, connected with the medical department of the College. They did not conceal from themselves that his main object in accepting that position would be surgical practice in London. At the same time, neither they nor he could regard the appointment in any other light than as a great gain for University College, and likewise a golden opportunity for one of his fame attaining a high place among the surgeons of the metropolis.

"Mr. Syme at once set off for London to discuss the matter with his friends. He did so without communicating to me the invitation he had received. I attributed his silence to his

shrinking from imparting to me what he knew would be a great shock, and to his being willing to escape the reasons which he might know I would urge to deter him. When on his return he told me his resolution to translate himself to London, he used in support of it no other argument than that he felt 'he required more room to expand.' The arguments on the other side, which immediately occurred to me, I of course did not use; but they were exactly those which he used, a few months afterwards, to account for his determination to return to Edinburgh.

"He was well received by the heads of the London profession, both in medicine and in surgery, with most of whom, indeed, he had been previously acquainted. His success in surgical practice was rapid and satisfactory. A different impression has been prevalent, and discouraging progress has been thought the real cause of his early return to his first professional field. But this is a mistake, as I well knew directly from himself. He was also well received at University College, and became very popular with its students, who invariably paid him great respect at a crisis in the history of the College when they were much disposed to misrule.

"Circumstances, then of recent occurrence, had led to the resignation of the Professor of Surgery in the College. A suspicion, arising unjustly among the students, that his retirement had been brought about by two of his medical colleagues, teachers of great ability, and till that time enjoying deservedly high popularity, had led to occasional demonstrations of displeasure on the part of their pupils. At length this dissatisfaction broke out into deplorable uproar on the occasion of the principal public College meeting of the year—the summer distribution of prizes to the students of medicine. The two obnoxious professors were received with groans and vociferations, and prevented from delivering their addresses in presenting their prizemen, and this in presence of the University Council, with their Chancellor, Lord Brougham, presiding, and before a large assemblage of the rank and fashion of London, male as well as female. No attempt was made by Lord Brougham to discourage, or even advise, the malcontents. On the contrary, when one of the insulted Pro-

fessors made a simple and dignified appeal to his Lordship, he turned it aside by a jocular comparison of the scene before him to what he had often witnessed in the House of Commons; and he left the disturbers of the peace of the College and meeting the undisputed possession of the field of disorder.

"I was present. It is unnecessary to say what were my own sensations. They were lost in observing Mr. Syme, who sat among his brother-professors, his countenance overspread with an ominous cloud of mingled sorrow and displeasure, which satisfied me I should hear something characteristic from him when we met in the evening. Returning home late, he came into the room where I sat reading, paced for some time forward and back again in moody silence, and suddenly stopping in front of me, said, 'I am going back to Edinburgh.'

"After interchanging with me a few words naturally arising on such an intimation, he told me that his resolution was fixed; that he had only one regret, the annoyance and grief it would occasion to one very old and attached friend among the professors; that his peace of mind had been broken for some days by sundry causes, raising a persuasion that he had not studied his happiness in removing to London; and that the forenoon's incident that day had convinced him that he ought to return to Edinburgh while he was in good time. He informed me that his professional progress had been most encouraging, and greater than he had looked for; that the students, introduced to a mode of clinical teaching with which London students were unacquainted, had thoroughly appreciated it, and were all he could desire; but that his connection with University College otherwise had become very embarrassing; that claims, which he could not meet, had been made upon him by his colleagues and the Council, inasmuch as it was expected of him that, in the difficulty which had been experienced in filling adequately the vacant chair of Systematic Surgery, he should undertake to add its duties to his own; that the duties of two professorships, and two visits daily to the College, would swallow up all time and opportunity for professional practice; which, nevertheless, was known to his University College friends to be his main object in

removing to London, and was indeed to him an absolute necessity; and that the events of that forenoon had shown him that in any emergency the authorities of the College seemed disposed to leave their professors unsupported to the consequences of the students' caprice—a relationship to which he could not submit.

"He added, moreover, that he feared, for his children's sake, the want in London of the free air and exercise they always enjoyed at Charlotte Square and his suburban villa of Millbank; and that he constantly missed the society of his old medical friends, whose place he could not supply in London, in consequence of his natural associates, the heads of the profession, being too much engrossed in practice to allow of the easy and frequent intercourse to which he had been accustomed.

"His resolution to return being, under these considerations, taken irrevocably, it was communicated to the Lord Advocate, and through him to the Home Secretary; both of whom thus probably experienced relief from their difficulties respecting the succession to his vacated professorship in Edinburgh.—Yours, etc. R. C."*

In a note to his friend Dr. Sharpey he observes:—

"Bruton Street, 9th May 1848.

"My dear Sharpey—Whatever may result from the step here intimated,† I have the comfort of knowing that it is founded upon a firm and honest conviction as to the course most con-

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* We have been assured, on good authority, that the disturbance proceeded not so much from the actual students, as from friends and contemporaries of Mr. Morton, Assistant-Surgeon to the Hospital, who they considered ought to have succeeded to Liston's place; their hostility being directed especially against the two Professors referred to, who had promoted the appointment of Mr. Syme.

† The resignation of his appointment at University College and Hospital.

ducive to the interests of University College, and my own peace of mind. I may add that, from what you said yesterday, I am quite sure that it affords the only means of preventing our friendship from being disturbed. JAMES SYME."

On the eve of quitting the metropolis, he thus comprehensively sums up in a letter to a friend in India the leading features of this strange episode in his career :—

"London, 22 Bruton Street, July 2, 1848.

"My dear Boyes—I leave Jemima to acknowledge for herself your beautiful present, which, strangely enough, will find its way to Millbank after all. Some day, when we are quietly together there, I will tell you a long story of our adventures. How we had fixed last year to enlarge the house, and make it our permanent residence ; how we had actually begun to do so, when the death of Liston led to my being invited to take his place at University College ; how ambition made me sacrifice happiness ; how I found such a spirit of dispeace in the college as to forbid any reasonable prospect of comfort ; how I resolved to return to Edinburgh, carry into execution the plans for enlarging the house at Millbank, and spend the remainder of my days, if I can, as happily as before trying this metropolitan experiment. At various stages of this revolution in our affairs, I have intended to write, and always waited as some new change came in view. This is my last day in London, and it is impossible to describe the feelings with which we all look forward to our return home. JAMES SYME.

"Dr. Boyes, 60th Rifles,
Kurachee, Bombay."

Mr. Syme's decision to return to Edinburgh was warmly welcomed by all his friends. His absence had scarcely been of five months' duration ; his old chair was still unoccupied ; and at that time there was no one devoting himself to pure surgery.

"It was," says he, "with no feeling of regret that on the 3d July 1848 I bade adieu to London, and returned to Edinburgh, where the increasing kindness of my friends has made me every day more thankful for the decision which returned me to their society."

During his five months' absence his chair had not been filled up; but party feeling in church politics had been running high, in so far as the Test Act, extending to university chairs, was concerned. Brewster at this time nearly lost his appointment to the Principalship of St. Andrews, and Mr. Syme, being an Episcopalian, might not have fared better; but the Established Church party having failed to carry their point, any difficulty in the way of Mr. Syme's re-occupying his chair was removed. His resolution to return to Edinburgh having been notified to the Lord Advocate and Home Secretary, both of them felt that his reappointment would rid them of a difficulty, whilst, at the same time, it would be highly acceptable to the University and to the profession in Scotland.

But the good fortune which attended him on his return to Edinburgh did not end here, as the following Extract from the Minutes of the Managers of the Royal Infirmary, 10th July 1848, will show:—

"There was read the following letter from Mr. Syme, who has lately returned to Edinburgh, and been reappointed Professor of Clinical Surgery in the University:—

"'42 Charlotte Square, July 6th, 1848.

"'Gentlemen—I beg to acquaint you that I have been reappointed Professor of Clinical Surgery in the University of Edinburgh.

"'If reinstated in the Royal Infirmary, it will be my earnest and unceasing endeavour to prove deserving of your confidence.—I have the honour to be, Gentlemen, your most obedient servant,

JAMES SYME.

"'The Managers of the Royal Infirmary.'

"The managers are desirous to maintain the connection which has so long subsisted between the University of Edinburgh and the Royal Infirmary, and to promote the interests of surgical science in the hospital.

"As the arrangements made in the surgical hospital on the retirement of Mr. Syme were merely of a temporary nature, they resolve to comply with Mr. Syme's request, and accordingly reappoint him to be one of the surgeons of the Royal Infirmary, upon the same footing as formerly, and with the same duties and charge as were attached to the Professor of Clinical Surgery at the time of his resignation in February last. The clerk was directed to communicate a copy of this minute to Mr. Syme, and to request his attendance at next meeting of the managers, in order that the oath of office may be administered to him."

There was a general understanding that he had sold Millbank before leaving Edinburgh. The transaction, however, had never been completed, as his letter to Dr. Boyes sufficiently shows; and he no sooner determined to return to Edinburgh, than he ordered the alterations on Millbank, which were contemplated before he left, to be at once proceeded with, so that it might be occupied as a permanent residence on his return. The following gives us his final impressions of his "London expedition."

"Rutland Street, 23d January 1849.

"My dear Sharpey—I beg you will accept my best thanks for your book, which I am reading straight through with much pleasure and profit, though with some regret that the credit due for so

much research and judgment, should not more distinctly belong to you. . . . . I am now finally quit of Bruton Street, and thus able to ascertain the whole expense of my London expedition, which is under £2000, and promises to be soon made up. Indeed I would gladly have paid a larger sum for the peace and comfort of being free from animosity and contention. It is impossible to describe the kindness of our brethren here, and I can truly declare that it has purged my sentiments from any particle of resentment or dislike. JAMES SYME."

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CHAPTER VII.

Election to Presidentship of Medico-Chirurgical Society of Edinburgh — Published "Contributions to the Pathology and Practice of Surgery" — Also "On Stricture of the Urethra, and Fistula in Perineo" — Letters from Patients operated on — Reclamation to the Imperial Academy of Medicine at Paris, etc.

MR. SYME thus returned to Edinburgh to resume those duties he had so recently forsaken. It need not excite astonishment that the cause of his sudden exodus from London was much canvassed at the time, and almost every one had a different version of the story. The general impression amongst the medical profession was that he had found the field of surgery so fully occupied in London that he determined to return to his old sphere. To put matters, therefore, in their proper light before the public, Mr. Syme published, towards the end of the year 1848, a statement relative to his connection with University College. In the preceding chapter quotations have been made from that statement, which shows sufficiently that the causes which induced him to return to Edinburgh had no relation whatever to his prospects as a surgeon, but were due to the complications which arose in connection with the teaching of Systematic Surgery in University College. Mr. Syme's decision of character, therefore, saved him from the disagreeable position in which he found himself

placed in London, and saved him also his Edinburgh chair and practice. No act of his life was more characteristic of his insight and courage.

It was not long before he entered fully upon his surgical career in Edinburgh with as much interest as he ever had shown. In the beginning of the winter 1848-49, he was elected President of the Medico-Chirurgical Society of Edinburgh, and in taking the chair delivered an inaugural address to the following effect:—

"He expressed his sense of the honour which was attached to the occupation of that chair, and his gratitude for the kind feeling of the members of the Society which had led them to place him in it. He said that the least, indeed the only, return he could make was to exert every effort in his power to promote the objects for which the Society was instituted. These, he understood, were, assisting in the accumulation and diffusion of medical science, increasing the good understanding and fellowship of the members of the Society, and maintaining the honour and dignity of the profession. With regard to the first of these objects, it appeared from their past history that many communications, distinguished by talent, research, and original observation, had been contributed; and although they had ceased to publish their transactions in a separate form, the records of medicine contained abundant evidence of the novel views and important facts which had been made known through these meetings. But, however much they may have done, there could be no doubt in the mind of any one acquainted with the composition of the Society that it had never yet fairly put forth its strength; and that it possessed a latent power which, if duly exercised, was adequate to the accomplishment of much more than they had hitherto achieved. He then particularly alluded to the great benefit that might be derived by themselves and their brethren in the country from the communication of detached cases occurring in the ordinary course of practice, together with the exhibition of morbid parts concerned."

And it may not be amiss to record that, since Mr. Syme's presidency, the introduction and explanation of morbid specimens have constituted one of the best and most prominent features of the Medico-Chirurgical Society of Edinburgh.

Mr. Syme had returned to Edinburgh, but certainly not to be idle. During the course of that year, in addition to the address to the Medico-Chirurgical Society from which we have quoted, he exhibited many morbid specimens, and detailed many interesting cases to the Society. One of these was a case of tumour of the cheek, removed from a girl aged twenty-three. Mr. Syme removed the tumour by making an incision through the mucous membrane of the cheek, and then pulling it out, an operation which required no force. The mass thus removed was somewhat larger than a pigeon's egg, and consisted of tortuous veins, imbedded in a little fat, which Professor Goodsir considered a varicose condition of the venous plexus which is situated between the muscles of the cheek. This patient succumbed to extensive erysipelas of the head and face.

The next communication is even more interesting, being a case of amputation at the hip-joint, in consequence of necrosis of the femur, after amputation in the lower third of the thigh. The patient, a railway labourer, aged twenty-four, suffered various severe injuries in the ankle, leg, and knee, from a fall of earth in a railway tunnel. Every attempt was made to save the limb, but in consequence of the constitutional disturbance, amputation at the lower third of the thigh was upon consultation deemed necessary. One circumstance was

specially remarked at this operation—viz. the very dense and almost ivory appearance of the shaft of the femur. This was so remarkable, that several gentlemen who witnessed the operation declared that necrosis of the bone would in all probability ensue, and they were correct in their supposition. The wound healed in three weeks except at one small part; but some abscesses, disturbed rest, and constitutional disorder, evidently pointed out that unless something else was done he would inevitably sink under the disease. At a consultation it was agreed that the only method which could be adopted was amputation at the hip-joint. This Mr. Syme performed on the following day by anterior and posterior flaps. The operation was completely successful.

At the meeting of the Medico-Chirurgical Society on Wednesday, 16th May 1849—Mr. Syme, president, in the chair—several important communications were made by Dr. Mackay, Dr. Bennett, and Dr. Christison. Mr. Syme then exhibited an exostosis he had removed recently from a patient in the Infirmary, and remarked that the usual site of such was the distal phalanx of the great toe and the linea aspera of the femur above the inner condyle. It was from this latter situation that the tumour had been removed. It was about the size of a small orange. It was easy to detach these tumours by means of the cutting-pliers, and the only bad consequence to be apprehended was tedious suppuration.

He also related a case of dislocation of the humerus into the axilla, with a fracture of the humerus about

its middle. This rare accident arose from a fall down a trap-door into a cellar, the arm having become entangled among the spokes of a ladder during the fall. The dislocation was first reduced, splints were then applied, and the case did well.

A case of dislocation of the astragalus and one of femoral hernia show what interest at that time Mr. Syme had taken in the proceedings of the Society. The case of femoral hernia is worthy of being recorded as given in the Proceedings of the Society, published in the *Monthly Journal of Medical Science* :—

"Mr. Syme gave some account of a case of femoral hernia, on which he had recently been called to operate. Symptoms of strangulation had existed for thirty-eight hours. A femoral sac was opened, and some clear fluid escaped. The sac contained no intestine, but its neck was occupied by a small portion of omentum, which adhered to the surrounding parts ; enlargement of the external aperture did not relieve the parts ; the stricture was accordingly divided as usual at the neck of the sac. Symptoms of strangulation continued next day ; the wound was therefore re-opened, and a careful examination made, lest some secondary sac might have escaped detection at the time of the operation. On lifting the portion of omentum, a small sac was discovered. When it was opened, some dark-reddish fluid was evacuated, and a knuckle of intestine seen. The stricture was divided, the bowel returned to the abdomen, and the patient ultimately recovered."

Again, at the meeting of the same Society on the 18th July Mr. Syme was in the chair, and on the occasion of Dr. Gairdner reading a case of dissecting aneurism of the aorta, Mr. Syme made some observations upon the effect of external violence, in inducing aneurism in subjects whose arteries were not in a

healthy condition. "In the case of the late Mr. Liston, it was believed that the aneurism of the aorta, from the sudden rupture of which he died, was connected with a blow from some part of the rigging of a yacht, received a few months before his death." At this meeting he exhibited a patient for whom he had recently constructed a new under lip, with the result that the patient, an elderly man, could use his mouth with freedom and articulate distinctly. This was the second case on which he had operated, and he believed if a third case occurred he could still improve upon the operation by making the lip a little fuller.

In November 1849 he published the first edition of his work on *Stricture of the Urethra and Fistula in Perineo.* The method proposed in this unpretending little volume was not entirely new. It was communicated to the profession by Mr. Syme in the pages of the *Monthly Medical Journal* five years before, and again in the previous year in his work on *Contributions to the Pathology and Practice of Surgery.* This practice, however, notwithstanding the strong evidence adduced in its favour, seems not to have been generally adopted by the profession at that time—a fact which is probably to be attributed in part to the fear which generally existed of a permanently fistulous opening following incision of the urethra anterior to the membranous portion. It cannot now be matter of doubt that the publication of this treatise has shown the safety and efficacy of the treatment.

Of the cases referred to by Mr. Syme in this volume there is one which will not be readily forgotten by

many who knew of it at the time. It was that of a gentleman well known in the literary circles of Edinburgh, whose sufferings had been so continued and severe, that, rather than endure them longer, he meditated suicide as a means of terminating his agonies. This was his condition when Mr. Syme was asked to take charge of him. He soon succeeded in passing a small-sized grooved director, and divided the stricture completely. Immediate relief followed, and a perfect cure was effected; and it was only then that, with a grateful heart, he confessed to Mr. Syme his contemplated suicide. The relief which he was enabled by this operation to afford to those suffering under this most distressing and harrowing of almost any human complaint, was everywhere appreciated. Persons came to him from all quarters, and from the hands of the most skilful surgeons, who had long and perseveringly attempted dilatation by instruments; and no one need wonder at the numerous letters of grateful thanks which he received for his services. In this work Mr. Syme has published some of these; but he has left behind him a bundle of letters which would convince the most scrupulous of the value and complete success of this operation in his hands.

The following selection may be shortly quoted:—

"Londonderry, 20th August 1850.

"My dear Sir—I promised to let you know how I was getting on, when I left Edinburgh; and as it is a long time now since I wrote to you, I have had a good opportunity of knowing how matters stand. I am delighted to say that there has never been the slightest obstruction, or any difficulty in making water, or in passing No. 7, which I do myself about once a month.

. . . I should be most happy, in any way you should think fit, to do anything in my power for your advantage; and if my case could be of any use, you can mention name or anything else.—Yours, etc. —— ——."

"Chippenham.

"Dear Mr. Syme—Even yet I can hardly believe in the new existence for which I am so deeply your debtor. It is, however, high time to have some faith in it, seeing that I enjoy perfect freedom from disease, and the glorious privilege of disposing of my time as duty or inclination may prompt, without those frightful misgivings that for years have clung to me with relentless gripe. A slight soreness at the old spot is felt when the instrument performs its hebdomadal journey, but there is no tendency to spasm, nor is there any uneasiness caused by the passage of the urine. . . .—Sincerely yours, —— ——."

"Monday, 10th April 1851.

"My dear Sir—On my return last Saturday from England I found your kind note inquiring after my health. In answer, I am delighted to be able to tell you, that I have never felt the slightest return of my old malady. I sometimes pass No. 7, but it is only to satisfy myself, as I think it is no use doing so. My health also never was so good, and I can undergo more fatigue (which I do) than I ever could in my whole life; and for this I must thank you, which I heartily do. . . .

"Jas. D—— B——."

From the letter of a gallant officer in the British navy the following concluding extract will be sufficient to show the success of the operation:—

"I may now say that no words can express the delight I feel at finding myself free from this horrible complaint, which upwards of twenty years' experience has told me, that no attempted cure could ever have effected, had I not had the good fortune to place myself under you. I shall ever feel most truly grateful for your great skill and kindness. I am now restored to perfect

health, and able to at once accept an appointment—that of commanding an expedition to the Arctic Regions. —— ——."

"March 12, 1851.

"Professor Syme."

"Cork, February 1, /53.

"My dear Dr. Syme—I'm afraid you will think I've been very lax in not answering, or rather not writing to you before. This is the fact.—When I arrived in Cork I found my extra leave was waiting for me, and accordingly, after waiting a few days to refresh myself, I started for London, and returned to this place yesterday.

"After your not sanctioning so much travelling, you may think it rash and improper of me, but I could not refuse the earnest request of an afflicted brother, whom I very much love, and believe there are no ill effects resulting from it. The sea was perfectly smooth, and I experienced no inconvenience. The only thing to be regretted is (if anything) that I did not pass any instruments, and certainly the scalding slightly returned; but Dr. —— to-day passed No. 9 at once, without any difficulty. In haste.—Your sincerely obliged, —— ——."

"Dear Mr. Syme—An Edinburgh professor will doubtless smile at the idea of a 'Wiltshire squire' being too busy to write a letter. Nevertheless it is quite true that I have had no leisure of late to reply, as I could wish, to your kind note of inquiry.

"The delay fortunately enables me to furnish a better report than I could a fortnight ago. The *tendency* to spasm was then so decided, that I was actually baffled in my attempts to pass the No. 7. A few days afterwards I succeeded, but the instrument was grasped so tightly that it required about a half-donkey power to extract it. Last night I passed it with greater ease, retained it in the passage for five or six minutes; and withdrew it with proportionable facility—not, however, *without* effort.

"There is a soreness in the old spot, and those tiny threads pass occasionally with the water, as if inflammation were still at work. The No. 6 walks in easily enough. . . . This is the dark side of the picture. Casting a glance on the bright one—

you will find that I have passed through the winter with the greatest comfort, moving about in perfect security, and living much in the open air, spite of keen frosts and razor-edged gales from the east. No disturbance, no retention, no distracting 'envie de pisser.' Not a particle of soreness remains at the orifice. The full-sized bougie glides through that of its own accord. . . . —— ——."

"Penrith, February 25, 1853.

"My dear Sir — Agreeable to your request I have seen Thomas Smith to-day, and, as far as regards the stricture, I would say he is quite well. He certainly complains of a frequent desire to make water, but I think he has got into a habit of so doing.

"It is more than a year since any instrument was passed into the bladder; on the last occasion (May 6, 1851) I passed No. 13 with great ease. T. WICKHAM."

"Professor Syme."

In connection with this very important subject, we cannot help republishing the note of reclamation which Mr. Syme addressed to the Imperial Academy of Medicine of Paris, relative to the remarks of that body on the mode of treating obstinate Strictures of the Urethra.

"Edinburgh, 13th November 1852.

"M. President—The bulletin of the Academy of Medicine for the 12th September last contains the report of your Committee appointed to decide upon the claims of candidates for the prize instituted by Mons. d'Argenteuil for improvements in the treatment of urethral diseases, especially stricture. It is far from my wish or intention to question the justice of their decision. I am not a competitor, and am not affected by the result. But my name has been introduced into the report in such a way as to convey a most erroneous idea of the operation which I have devised for the remedy of obstinate strictures; and I feel persuaded that the members of the Academy of Medicine, when acquainted with the extent to which, however unintentionally,

they have misrepresented my practice, will not hesitate to relieve it from a reproach that I hope to show is wholly unmerited.

"The report states that my operation is more severe than M. Reybard's, since it requires division 'of the whole thickness of the soft parts of the perineum,' and characterises it as an extreme measure, the employment of which, by testifying to the urgency of the circumstances requiring relief, enhances the value of M. Reybard's milder method. 'I do not wish (says your reporter) to make any comparison between the urethrotomy of Mr. Syme and that of our countryman. The two methods, indeed, are not to be compared with reference to their employment in practice.' I have to beg that you will permit me to do what your Committee have considered out of the question, and compare the two operations in regard, *first*, to their performance, and, *second*, to their effects. The operation of M. Reybard is performed by introducing through the stricture a sheath containing a blade, which may be expanded to any requisite extent by means of a central rod; but as such an instrument could not be passed in cases of tight stricture, we are told that the patient must be prepared by dilatation sufficient to admit the 'urethrotome;' and that if this method proves too slow or too painful, scarification of the contracted part is proper for accelerating the process.

"It is also said that, whatever be the form of the stricture, the incision ought always to be directed laterally, so as to avoid the artery of the bulb placed below. Now this I affirm to be an anatomical error of the gravest consequences in practice, the arteries of the bulb being placed, not below, but at the sides of the canal, and therefore endangered by any incision which is not strictly confined to the middle line corresponding with the raphé of the perineum. In the after-treatment of his incision, which it is said should be from 5 to 6 millimetres in depth, and 6 centimetres in length, M. Reybard introduces into the urethra either a metallic dilator with expanding branches, or a bag expansible by mercury, and repeats the process every day for four or five weeks.

"In my operation a grooved director is passed through the

stricture, of such a size as is admitted without using force, or causing pain or bleeding; and I maintain that there is no stricture whatever through which an instrument of this kind may not be passed. The patient's limbs being then held up, an incision about 4 centimetres in length is made exactly in the middle line of the perineum, through the integuments and fascia. While the director is held in the left hand of the operator, the knife is guided over the forefinger of his right hand, so as to have its point inserted into the groove at the bulb, and is then carried forward completely through the strictured part of the canal. If the contraction be at any other part of the urethra, the process is conducted in the same way; but as it never exists any farther back than the bulbous portion, it is in no case necessary to cut (as your reporter says) the whole thickness of the soft parts of the perineum, or anything more than the integuments, fascia, and corpus spongiosum, which, being divided in the middle line, has the trunks of its arteries kept perfectly secure from injury, so as to prevent the possibility of hæmorrhage. A moderate-sized silver catheter is retained in the bladder for two days, and the only treatment afterwards required is the occasional introduction of a full-sized bougie, at the distance of eight or ten days, or at a later period of as many weeks.

"With regard to the effects of the two operations, it is necessary to remark that M. Reybard maintains all strictures to depend upon the formation of a new texture, which in any case essentially requires a free longitudinal division for effecting complete recovery; and also that he considers urethrotomy inapplicable to the firm non-dilatable strictures which occur in old people or those in bad health, for which he thinks palliative measures more expedient. It may hence be concluded that in the class of cases subjected to operation by M. Reybard, the strictures were not of the most inveterate, obstinate, or unmanageable kind.

"Indeed, of all the seven cases mentioned in the report as having been remedied by him, there is no allusion whatever to the duration of the disease, the unyieldingness of its character, or the failure of previous treatment. On the other hand, I

maintain that strictures vary in their nature, some yielding to dilatation, others resisting it, and a third sort yielding to the bougie, but permitting no advantage to be derived from it, in consequence of a resilient or contractile disposition which almost immediately renews the symptoms. By means of the simple metallic bougie, I have been accustomed to remedy all the ordinary forms in which the disease presents itself; and even in cases of twenty years' standing, or a still longer duration, should expect this method to prove successful as the general rule,—the comparatively small number of those which, from their obstinacy, prove exceptions, being alone deemed proper subjects for my operation.

"Thus, there is at present under my care a patient who came from Montreal on purpose to have the operation performed, in consequence of careful and prolonged trials of the ordinary means having failed to afford relief. Almost all the cases in which I have operated possessed a similar character of obstinacy, and I have never declined interference on account of the age or health of the patient. In these circumstances, it could hardly be expected that the immediate effects of my operation should be less severe than those of M. Reybard, yet it appears that in thirty-two cases operated on by him one patient died; while in sixty-six operated on by me not one died; that in his thirty-two cases hæmorrhage occurred ten times, but in my sixty-six cases not once; and that in all of his cases bleeding continued for four or five days, while in mine it has never lasted beyond four or five hours.

"I therefore contend that my operation is more simple, certain, and safe than M. Reybard's, and also more extensively applicable to that class of cases which chiefly require its performance from resisting other modes of treatment.

"A quarter of a century has elapsed since Mr. Stafford of London proposed to remedy strictures by internal incision; and ten years ago I tried this method in a case which had resisted all the then known modes of treatment. I cut the urethra no less freely than M. Reybard by means of an instrument which, like his, consisted of a sheath, containing a blade protruded at

the side by a central rod—so freely, indeed, that, without any subsequent dilatation, the largest instruments were passed with ease; but I found that the patient's relief was only of a few days' duration, and therefore concluded that the operation was not adequate to the remedy of stricture in its most obstinate form. The same opinion is now, with hardly any exception, entertained in this country from the results of ample and varied experience.

"In conclusion, I beg to state, as the principles of my proposal—

"1st, That there is no stricture truly *impermeable*, and that, with time and care, an instrument may be passed through it, and serve as a guide for the knife.

"2d, That all strictures which cannot be remedied by simple dilatation admit of effectual relief only through a free division of the contracted part of the canal.

"3d, That the object can be attained with certainty and safety only by an external incision in a line corresponding with the raphé of the perineum, upon a grooved director passed through the stricture.

"4th, That the only after-treatment required is the introduction of a catheter during forty-eight hours, with the subsequent use of a full-sized bougie at distant intervals.

"5th, That the operation, if properly performed, is free from any risk whatever of hæmorrhage, extravasation of urine, or fistulous opening.

"I have the honour to be, M. President, your most obedient servant, JAMES SYME."

"Paris, 17th Novembre 1852.

"Le Secretaire perpétuel de l'Académie à Monsieur le Docteur James Syme, Professeur Royal de Clinique à l'Université d'Edinburgh.

"Monsieur—L'Académie a reçu, dans sa séance du 16 Nov. 1852, votre note manuscrite, relative au traitement des retricéssements de l'urétre, d'après une méthode qui vous est particulière.

"Jai l'honneur de vous prévenir que ce travail sera examiné par une commission composée de MM. Larrey et Robert.*

"Agréez, Monsieur, l'assurance de ma considération très-distinguée, DUBOIS."

"Edinburgh, 4th April 1853.

"Sir—I beg you will have the goodness to inform me if the committee to whom my reclamation was referred on the 16th Nov. last have reported on the subject.—I have the honour to be, Sir, your obed. servt. JAMES SYME."

To this communication no answer was ever received; the facts were too strongly put for the French mind, and no doubt had the effect of weaning the committee from their original decision. Mr. Syme had the satisfaction of operating upon and successfully relieving many French patients in after years.

Mr. Syme was President of the Royal College of Surgeons in 1850-1. In that year the meeting of the British Association for the Advancement of Science took place in Edinburgh, and proved highly successful. Mr. Syme, as President of the College of Surgeons, entertained the leading members of the Association to dinner at Millbank, on Tuesday the 5th August 1850. The following notice, from the *Edinburgh Courant* of Thursday the 8th of August, will sufficiently show the munificence and happiness of that entertainment :—

"MR. SYME'S ENTERTAINMENT TO THE MEMBERS OF THE BRITISH ASSOCIATION.

"On Tuesday last, Professor Syme, the President of the Royal College of Surgeons, entertained a large party of the members, at his beautiful residence, Millbank, Canaan. About one hundred and twenty noblemen and gentlemen were present,

* M. Robert was the author of the report impugned.

including, besides numerous distinguished citizens—The Duke of Argyle, the Earl of Morton, Count A. Breuner, the Lord Provost, Lord Ivory, Sir John Hall, Bart.; Sir Charles Lemon, Bart.; Sir James Ramsay, Bart.; Sir F. Nicholson, Bart.; Sir David Brewster, Sir Charles Malcolm, Sir Charles Pasley, Sir Charles Fellowes, Sir John Richardson, Sir W. Gomm, General Riddel, Principal Lee, the President of the Royal College of Physicians, Col. Spark, Col. Sykes, Major Rawlinson, Professors Kupffer, Van der Hoevan, Hyrtl, Otto Streve, Ramsay, Royle, Edward Forbes, Carpenter, Jackson, Walker Arnott, etc. etc. To accommodate this large party, Professor Syme had erected on a portion of his lawn an elegant wooden pavilion, designed by Mr. D. Bryce. The interior was tastefully lined with pink and white cloth. The southern wall of the building consisted of a canvas screen, which was drawn up so as to leave this side of the edifice open, thus affording to the guests an uninterrupted view of the beautiful scenery around. The pillars which supported the roof were decorated with palm leaves, and along the whole front of the building were placed a number of splendid exotics from Mr. Syme's greenhouses, including, among many others four noble crassulas, each bearing from two to three hundred heads of flowers. Beyond these extended the fine lawn, shrubbery, and garden; while the view reaching to Blackford, Braid, and the Pentland Hills formed, under the light of a beautiful summer evening, a sight which will not readily slip from the memory of any of those who were privileged to enjoy it. The band of the 93d Highlanders was stationed on the lawn in front of the pavilion, and performed a variety of beautiful music during the evening. After a sumptuous dinner, combining the elegance of a great civic feast with the comfort of a private entertainment, Mr. Syme then gave the usual loyal and patriotic toasts. Sir W. Gomm and Sir Charles Malcolm replied for the 'Army and Navy.'

"Mr. Syme then craved a bumper to the prosperity of the British Association, and the health of its distinguished President, Sir David Brewster.

"The Duke of Argyle then proposed the 'University of

Edinburgh,' and, after referring to the great renown of the University, he said—'Although not directly connected with the subject of his toast, his Grace felt it was impossible for him to sit down without expressing what he felt assured was uppermost in the mind of every one present, the sense which was entertained of the splendid hospitality of their host, himself one of the most distinguished living ornaments of the University of Edinburgh, and one who greatly contributed to the maintenance of its ancient renown.'

"After several other toasts had been proposed and responded to,

"Sir R. Murchison expressed his satisfaction as a Scotsman at the success which had attended the present meeting of the Association, and congratulated himself in having been a chief instrument in leading to its being held in Edinburgh. He concluded by proposing, in very eloquent terms, the health of their munificent host, Professor Syme, which was received with most hearty acclamations. The guests separated at an early hour, to be present at the conversazioné in the Music Hall, expressing universally their enjoyment of this splendid reunion, which will long be remembered as one of the most remarkable and delightful features of a meeting of the British Association, which has been in every respect signally successful."

CHAPTER VIII.

Continues President of Medico-Chirurgical Society—Observations on the Treatment of "Spermatocele"—Graduation Address for 1852—Clinical Lecture on Removal of Upper Jaw-Bone—The Expense of promoting and Bounty of repressing the Improvements of Surgical Practice, etc. etc.

Mr. Syme continued President of the Medico-Chirurgical Society up to January 1851, when he was succeeded in that honourable position by the late Dr. Begbie. He had thus held office two years, during which he had rarely missed an opportunity of presiding at the meetings, and giving the society the results of his long and extensive experience. Indeed, it may be said that the society became a flourishing one under his banner, and that the meetings were all largely attended. During his first year of office all his interesting cases and communications on Surgery were given in their Transactions; but during his last year he published his short practical papers, with their equally condensed and pithy remarks, in the *Monthly Journal of Medicine*, in the usual form.

One class of obstinate and intractable cases he made the subject of a clinical lecture, "On Spermatocele and Hydrocele." The introductory case was a commonplace one, but Mr. Syme stated that

"he had long ceased to employ port wine for injection into the tunica vaginalis, on account of its effect proving very uncer-

tain ; and that during the last five years he had always injected the tincture of iodine alone, and without a single case of failure or unpleasant effect either in public or private practice. The quantity required was about a teaspoonful, or as much as filled a common sixpenny pewter syringe, which was the most convenient instrument for the operation, as the substance composing it allowed the nozzle to be readily adapted to the canula of the trochar. The fluid, when injected, was allowed to remain, and while producing the effect desired with absolute certainty, seemed to occasion less pain than any other agent in past or present use."

In the case which drew forth these observations the tumour was punctured, and the fluid which issued from the tube appeared turbid, a circumstance which was attributed at the time to its containing scales of cholesterine. The tincture of iodine was injected as usual. But when a little of the fluid was poured from the basin into a glass vessel, in order that the gentlemen present might more readily examine it, the absence of scales and the opalescence observed at once suggested the idea of spermatocele ; and an appeal to the microscope confirmed this suspicion by bringing myriads of spermatozoa into view. Had the true nature of the case been ascertained in the first instance, injection would not have appeared expedient, since spermatocele has not only resisted the means of treatment which have proved effectual for hydrocele, but has also shown a disposition to resent with violence even liberties of a much slighter kind. The result of this case was therefore watched with interest, and when, after passing through the usual course of a simple hydrocele, under the same circumstances, the swelling quickly subsided, with complete restoration of the testicle to its healthy state, it naturally suggested another trial of the same kind.

For this an occasion happened in the case of a gentleman who had been tapped twenty years before by Sir Astley Cooper, and afterwards injected with port wine by another surgeon in London, but who still suffered from it. The tumour was in every respect very similar to that just mentioned, and, when punctured, was found to contain the same turbid opalescent fluid. The suspicion of spermatocele was confirmed by the microscope, but everything went on satisfactorily after the iodine was injected, so that before the end of three weeks the testicle had very nearly regained its proper size and consistence. Other cases of a similar kind are related in which the same happy results, without suffering, took place.

During the years '50-51, while President of the Medico-Chirurgical Society, he sent to the *Monthly Medical Journal* no less than forty-five contributions in lectures and cases of interest. In fact, his zeal was so great both in the cause of surgery and in the success of the society over which he was presiding, that not a single number of the *Monthly Journal* appeared without one or more cases or clinical lectures from his pen. It would be inconsistent with the character of a memoir to follow the subject of it through everything he did during a long series of years; such a course would be tiresome and unavailing, as any one can secure for himself, from the *Medical Journal* of the period, and from Mr. Syme's published volumes, everything that he did to advance and maintain the position of surgical knowledge during a long period of his life. What we propose to do in the following pages is to seize

upon some of those important moments of his life when he gave forth, either orally or by writing, those ideas on professional subjects upon which his views were often unique and peculiar.

In August 1852 he delivered the address to the medical graduates of the University of Edinburgh as Promoter of the Faculty, and then took occasion to speak to them on two subjects, which we presume had never been mooted to them before, but which his own early struggles and subsequent experience enabled him to handle with a sincerity which was well received by his young audience. The first of these subjects was none other than a good advice to avoid getting into debt, especially in early professional life; and the second had reference to the necessity of abstaining from making an early and imprudent marriage. Mr. Syme said—

"In compliance with an old custom, and in virtue of my office as Promoter on this occasion, I have now the privilege of offering a few words of congratulation and advice."

After discussing various subjects connected with professional duties and obligations, he launched forth into the subjects above alluded to.

"I think it right, however, to remind you that although the mere possession of money is not sufficient to make you happy, the want of it may render you in the utmost degree miserable; and of all the misfortunes that can befall you in entering upon the business of life, there can hardly be one greater than getting into debt.

"It at once destroys all peace and comfort; distracts the mind from its proper objects; substitutes anxious cares and gloomy forebodings in the stead of confidence and alacrity; blunts the feelings in regard to truth and honour; and on the ground of

expediency or stern necessity, is apt to suggest courses of conduct no less questionable in character than degrading in their tendency. Whatever moralists may say as to the connection between virtue and poverty, you may be assured that, in so far as the deportment of a gentleman is concerned, it is much more easy to be virtuous in comfortable circumstances than under the pressure of want. And even should fortune afterwards relent, so as to afford relief from early embarrassments, the baneful effect of its blighting influence may still appear in the habits acquired from it, and which, I am sorry to say, occasionally render the practice of medicine more like the occupation of a needy tradesman than the exercise of a liberal profession. And here, gentlemen, if it was not for the fear of incurring disapprobation from some of the present audience, I would earnestly warn you against the most fruitful source of debt and difficulty, which is an early and imprudent marriage. You may be told that nothing can so much promote your respectability and professional success as a wife, but with all respect for matrimony, as essential to the completion of your happiness, you may be assured that such an acquisition at the outset of life could hardly fail to prove an incumbrance of the most adverse and serious kind.

"For a good many years to come, the whole of your attention should be directed to professional pursuits; so that even if circumstances in other respects permitted such a step to be taken without impropriety, it would still be wrong to distract the mind from its proper objects by burdening it with the cares and anxieties of a family. And if you were to venture upon a matrimonial partnership without making due provision for the consequences, it is needless to detail the misery that might ensue. The claims which were expected to act as a stimulus to exertion, proving to be beyond their reach, so far from doing so, would prostrate your energies, and chill every honourable feeling. No means of procuring the necessaries of life would then appear too mean or despicable, and it is even possible that without believing in the truth of some popular delusion, you might be led to adopt it, for relief from the pangs of hunger, and thus

becoming entangled in the snares of quackery, remain prisoners for life. Such things have happened, I am sorry to say, under my own observation, and therefore I beg the more earnestly to warn you against them."

This address was well and warmly received by his audience of young doctors.

On the 3d of May 1852 he delivered a clinical lecture, at which he exhibited a patient on whom he had recently operated for the removal of the whole upper jaw-bone.

"When the extent," said he, "to which this bone enters in forming the mouth, the nose, and the orbit, is taken into account, a very serious effect of this kind might be expected, but you see that although little more than two weeks have elapsed since the operation was performed, the countenance is hardly at all disfigured, and the articulation is distinctly intelligible. In the second place, I wish you to remark that the process of removal was accomplished by means of one simple incision through the cheek from the malar projection to the angle of the mouth. Since I performed this operation in 1829, for the first time in Great Britain, and placed the first case of its execution on the records of surgery, various modes of incision have been proposed; but an access to the parts concerned could not be required in any case more freely than in the one you have witnessed, and as the simple incision had proved amply sufficient for the purpose, I trust you will discard from your minds any prejudice you may have acquired in favour of a more complicated method. In the third place, I beg to call your attention to the perfect adhesion which has been established in the case before you; the wound has healed literally without a drop of matter, and was apparently as sound three days after its infliction as at present; in fact it requires close inspection to detect the line of incision. The grand essential for primary adhesion is that the respective surfaces should be in accurate contact; hence the advantage of simple incisions."

We find amongst the medical news of the *Journal* of August 1853 the following remarks, headed—

"The Expense of promoting, and Bounty in repressing, the Improvement of Surgical Practice.

"Mr. Syme proposed a new method, now admitted to be safe and effectual, for the remedy of strictures of the urethra so obstinate as to resist all the previously known means of treatment. To prevent the adoption of this proposal, misrepresentations of the most atrocious character were published in the London weekly medical journals, and thence industriously circulated at home and abroad.

"In reply to these calumnies Mr. Syme was satisfied with denying their truth, and explaining that the position of the authors relative to himself prevented any further notice on his part.

"For thus simply maintaining the correctness of his statements, Mr. Syme was dragged into a court of law, and detained there by every cunning device of the most persevering litigation, until the verdicts of successive juries declared the utter groundlessness of any claim for redress. The principal assailant, whose contradiction of unquestionable matter of fact had been deemed so deserving of credit in London, then fled from Edinburgh to avoid the consequences of debt so shamefully incurred, and left Mr. Syme to pay the costs of his successful defence against unjust attacks. This he has done to the amount of £633 : 17 : 8 ; and we think the fact worthy of record as an illustration that may be attached to the progress of improvement. If anything could call a blush into the brazen countenance of the London hebdomadaries, this result of their paltry policy might well do so.

"While an attempt to improve the practice of surgery was thus rewarded in Great Britain, the *Bulletin* of the Parisian Academy of Medicine announced that the Argenteuil prize of 6000 francs, or £240, had been conferred by that distinguished body upon M. Reybard for the greatest practical improvement in the treatment of strictures of the urethra introduced within the

preceding five years. This consisted in the quiet appropriation of Mr. Stafford's good-for-nothing procedure by internal incision, which, in addition to the danger attending it, affords nothing better than temporary relief and permanent aggravation."

In the 19th volume of the *Transactions of the Provincial Medical and Surgical Association*, an address in surgery, as delivered at Oxford, in July 1852, by James Torry Hester, Esq., was published. In this address he says—

"If we cast our eyes beyond the Tweed, we see the melancholy exhibition of a city, celebrated through long ages as the birthplace of genius, torn by two rival factions, and a petty squabble about the perineal section."

The squabble, as we have already seen, was no petty one, but reached the magnitude that several juries were empanelled to try. Mr. Hester seemed to have taken his ideas from the garbled statements of Mr. Syme's opponents, published in the London weekly periodicals, and of which in a former page he so much complains; but when an editor of a journal allows the publication of such things, we do not wonder that Mr. Syme replied to it in pithy terms, and at once sent in his resignation as follows :—

"To the President of the Provincial Association.—Sir—I beg to direct your attention to the 158th page of the 19th volume of the *Transactions* of the Association just published. As it is impossible for me to remain connected with a body which could tolerate such a statement, or sanction its publication, I must desire my name to be withdrawn from the list of associates.—I have the honour to be, sir, your most obedient servant,

"JAMES SYME."

CHAPTER IX.

Publication of a Course of Clinical Lectures—Letter to Lord Palmerston on Medical Reform—Chair of Military Surgery—Operations on the larger Arteries—Made Foreign Associate of Academy of Surgery, Paris; Knight of the Dannebrog; Chevalier of the Legion of Honour, etc. etc.

THE session 1854-5 was marked by the publication by Mr. Syme of a course of clinical lectures, which appeared weekly in the *Lancet*, and possess a high degree of interest, not only on account of the practical instruction which they convey, but also because they are highly characteristic of the man, and contain allusions to a large number of the many contributions which he had made up to that time to the science and art of Surgery.

At the same period Mr. Syme published a letter to Lord Palmerston on Medical Reform. In this letter may be found the germs of what was afterwards passed into law in the shape of the Medical Bill of 1858. In this letter Mr. Syme advocates the appointment of a medical board by the Queen "for regulating education and practice in Great Britain and Ireland." He recommended that the duties of the board should be to determine the minimum of education necessary for a license; to visit such of the licensing bodies as adopt this standard, and thus ensure the due performance of

the obligations undertaken; to publish a register of qualified persons; and to punish those who assume false titles.

In a second letter to Lord Palmerston in 1857-8 he had somewhat modified his views, in consequence of certain arguments that had been used against them. His suggestion then was that each of the ten universities and each of the nine medical corporations, together with the association of provincial practitioners in England, should elect a representative, and to these twenty let the Government add ten, which might be named the General Council, and then let it elect ten of its members to be the Executive Council. The bill of 1858 was, with certain modifications, framed on the suggestion thus thrown out by Mr. Syme, and has since continued to govern the medical profession; and although modifications in the form of new medical bills have been frequently introduced into Parliament since, all have been either thrown out or abandoned, and even a Government bill, strongly backed, had to be withdrawn. At the present day there seem so many difficulties in the way, and so much jealousy of different licensing bodies in different quarters, that it appears little likely that any new measure will be passed for many years.

The chair of Military Surgery, which had been created in 1806, was first given to Dr. John Thomson, Professor of Surgery to the Royal College of Surgeons; and it may be remembered that, on the occurrence of the battle of Waterloo, he asked the permission of the Government and heads of the army department to be

allowed to join the surgical department of the army at Brussels, in his capacity of Professor of Military Surgery to the University of Edinburgh. He obtained his request, and immediately started on his special mission. He acquired large and ample experience in gunshot wounds and other injuries which arise in a field of battle, and the results of this journey he made much use of in the subsequent teaching of his class. In 1823 he resigned the teaching of military surgery, and Dr., afterwards Sir George, Ballingall was elected in his stead. It was upon the death of Sir George, in 1856, that Mr. Syme addressed a letter to Lord Panmure, then Secretary of State for War, on the propriety of transferring it to some other field better fitted for the accomplishment of its objects. In this letter he observes—

"The circumstances under which the chair was established by the Crown in 1806 were so entirely different from those now existing, that the propriety of its foundation would not be called in question by entertaining the proposal which I venture to submit for consideration, and which, from long experience in medical education, I feel assured, if carried into effect, would tend greatly to benefit the public service.

"At the date just mentioned there was no regular course of Systematic lectures on Surgery delivered in Edinburgh, and the first Professor of Military Surgery (Dr. John Thomson) supplied this deficiency by giving precisely the same sort of instruction which is now afforded by surgical teachers. The second Professor, Sir George Ballingall, also gave his course so much of an ordinary surgical character, that the Edinburgh College of Surgeons accepted it, and still accept it, as an equivalent for one of the two courses of Systematic Surgery which they require from candidates for their diploma.

"But since a chair of Systematic Surgery was instituted in the University (1831) there has been no occasion for any such supplemental instruction; and it is now everywhere acknowledged that, in so far as the public service is concerned, the duties of the military chair should be of a wholly different kind.

"The principles of surgery, in regard to both its science and its art, are the same at home and abroad, whether the patient be subject to military discipline or retains his civil liberty, and whether he is treated under the canvas of a field-tent or in the chamber of a palace. Young men preparing for military or naval medical service, do not require professional instruction of a different kind from that of those who have civil practice in view; but the variety of climate, employment, and position to which troops and ships' companies are liable to be exposed, demand, for duly discharging the duties necessary to protect from disease, as well as to remedy it, a large amount of additional knowledge, theoretical as well as practical, which would be in a great measure useless for the ordinary course of practice.

"It is now universally admitted that the proper duty of such a chair as the one at present vacant should be to supply all the information that can contribute to promoting the acquisition of so essential a qualification, and that the professor, instead of spending his time in lopping off legs and arms, or discoursing about Ambrose Paré and the history of gunshot wounds, should explain the arrangement of hospitals, the position of camps, the effects of diet and exposure, the admission of recruits, the invaliding of soldiers, the management of wounded men, the keeping of records, the diseases of climates and seasons with their prevention and remedy, and all the other peculiarities of a military and naval life, in health as well as in sickness.

"But how is the Professor of Military Surgery, sitting in a lecture-room of the University of Edinburgh, to discharge efficiently this important and multifarious duty? He may read extracts from books, or relate the results of his own experience, so as to mention everything that his hearers ought to know, but

can hardly enable them either to understand or recollect what he wishes to inculcate. It is only when an impression is made upon the eye, that oral instruction in regard to such matters produces a lasting impression; and unless the student can be shown either the things spoken of, or some evidence of their operation, little will be retained of what is told him, however important may be its bearing upon his professional life.

"Now if the chair were connected with a great military hospital, all the requisites for efficient instruction would be at once produced. The arrangements for the sick would no longer be a subject for description or imagination, but become one of demonstration.

"The victims of heat, cold, and moisture, or of an unwholesome atmosphere, improper food, or imperfect clothing, would equally exemplify the effects of such unhealthy influences, and no condition of the soldier's life be without its appropriate illustration, etc.

"In conclusion, I beg to assure your Lordship that, in offering this suggestion, my only objects are, to free the school with which I am connected of a useless incumbrance, and to promote the wellbeing of a service in which many of my old pupils and most esteemed friends are engaged. JAMES SYME.

"To the Right Honourable Lord Panmure,
Secretary of State for War.
"Edinburgh, 10th January 1856."

Mr. Syme's suggestion was at once acted upon, and the chair of Military Surgery in the University of Edinburgh was abolished.

On the undernoted date he received the following important communication, which, although marked *confidential*, we give here, excluding the names:—

"49 Belgrave Square, March 21, 1859.

"Professor Syme—I must ask you to excuse the very uncere-

monious way in which I venture to address you on a subject in which I take great interest, and the nature of my subject will, I hope, be my apology with you.

"The Secretary of State has begged me to advise him, as to the names of candidates for the professorship of Military Surgery and Medicine, about, I hope, to be established in a medical school to be formed at Chatham, or at some great military station.

"It has come to my knowledge that one of the new candidates has received a certificate from yourself, and it has occurred to me that there may be others, who, from absence from home, have not been able to obtain any such proof of your good opinion, but of whose merits you might be able to speak. We want not only good physicians, good surgeons, but scientific men; and, above all, men capable of teaching; capable of conveying clearly and systematically to others what they themselves know, and influence in developing the minds of their pupils. The names of the candidates are . . . . . It may be that you know some of these gentlemen. It is very difficult to select, but the importance of a good selection cannot be over-estimated. Might I ask you to give me, under the seal of the strictest confidence, your opinion of any whom you may happen to know? Upon this first appointment all the future success of the school will depend, and an error would be fatal. I can only say that, should you be able and willing to give me your unreserved opinion on these rival claims, you will confer on me an obligation only to be measured by the value to the public service of the assistance you will have given.—Pray believe me faithfully yours, SIDNEY HERBERT."

"2 Rutland Street, April 2, 1859.

"Sir—Before replying to the question with which you have honoured me, I beg to remark that the proposed plan of military instruction has always had my zealous support, so that I feel peculiarly interested in its success. Of the gentlemen you mention Drs. —— and —— would, I have reason to believe, be perfectly safe appointments. Dr. —— is slow and certain, but

rather opinionative, and, I fear, apt to think more of himself than of his pupils. Dr. —— is below mediocrity, and has no redeeming quality. Of the other three gentlemen I have no knowledge.

"I may add, that Dr. —— possesses no claims on my regard except his own good qualities, and that with Mr. —— I am not personally acquainted, having formed my opinion of him from numerous testimonies, upon which I can place perfect confidence. JAMES SYME.

"The Right Honourable Sidney Herbert."

Few months passed over at this time but Mr. Syme was a contributor to the medical press of the results of his large experience. In 1857 two most important, unusual, and difficult operations were performed by him in the Royal Infirmary of Edinburgh, which he related in the *Monthly Journal of Medical Science*. In the number for August of this year he details a case of "Traumatic aneurism of the common carotid artery." This man had been stabbed in the neck in a brawl, and now presented an aneurism of considerable size of the left common carotid.

"The patient, a young man, æt. 20, was admitted into the hospital on the 10th of June. The aneurism, which was about the size of an orange, extended in a transverse direction from the trachea to the outer edge of the sterno-mastoid muscle, and downwards, close to or rather under the clavicle, throbbing throughout with great force. Nearly at the centre there was a cicatrix, showing where the wound had been. In the course of a few days, notwithstanding confinement to the horizontal posture and low diet, there was a distinct enlargement of the tumour, so that it seemed necessary to decide without delay upon the course to be pursued.

"The case was obviously one of great responsibility, involv-

ing as it did not only the patient's life but also that of his assailant. There could be no doubt that if the aneurism were allowed to proceed, it would, before long, prove fatal by interfering with respiration or opening inwardly, if it did not do so upon the external surface. On the other hand, it was obviously impossible to tie the artery below the tumour, while an aperture could not be made into it without subjecting the patient to urgent and extreme hazard.

"Now there seemed to be not only a great risk of the hæmorrhage proving uncontrollable, but also a hardly less formidable danger of injuring the internal jugular vein. Having carefully balanced these different considerations, I arrived at the conclusion that it was my duty to give the patient his only chance of escape, and, encouraged by the concurrence of my colleagues, proceeded to perform the operation on the 17th of June.

"Chloroform having been fully administered, and the patient being placed upon his back, with his shoulders slightly elevated, I pushed a knife through the cicatrix, and followed the blade with the forefinger of my left hand so closely as to prevent any effusion of blood. I then searched through the clots and fluid contents of the sac for the wound of the artery, and found that pressure at one part made the pulsation cease. Keeping my fingers steadily applied to this point, I laid the cavity freely open both upwards and downwards, turned out the clots and sponged away the fluid blood, so as to get a view of the bottom, which presented the smooth shining aspect of a serous membrane, without the slightest indication of either the artery or vein that could be seen or felt.

"In order to make the requisite dissection, I next attempted to close the orifice by means of forceps, but found that it had the form of a slit, which could not be thus commanded. It was also so near the clavicle that pressure could not be employed below it, and, to my still greater concern, lay on the inner or tracheal side of the vessel, so that the compression required for its closure, instead of being backwards upon the vertebræ, was outwards upon the vein. In these circumstances, it seemed

proper, so far as possible, to lessen the opposing difficulties, and I therefore ran a bistoury through the skin and the sternal portion of the sterno-mastoid, so as to divide this portion of the muscle, together with the superjacent integument. I then seized the edge of the slit in the artery as it lay under my finger with catch forceps, and desired them to be held so as to draw the vessel towards the trachea, then carefully scratched with the point of a knife until the arterial coat was brought into view at its external edge, a little above the aperture, when a ligature was passed by the needle and tied. I repeated the same procedure below the wound, and when it was completed had the satisfaction of finding that my finger could be withdrawn without the slightest appearance of bleeding, instead of the tremendous gush which had previously attended its slightest displacement. The ligatures separated on the tenth day, and the patient, who had suffered no inconvenience since the operation, was dismissed on 17th July.

"I have thus particularly related the steps of this operation, because it was by far the most arduous that has ever occurred in the course of my surgical experience. When venesection was more in fashion than it is at present, I had nine times occasion to operate for traumatic aneurism at the bend of the arm; and therefore was in some measure prepared for the difficulties to be encountered, which nevertheless proved nearly insurmountable. Indeed, even now I cannot, without a shudder, reflect on my position, when the movement of one hand must have instantaneously caused a fatal hæmorrhage from the carotid artery, and a slight deviation of the other would have given issue to an irrepressible stream from the jugular vein."

"In our number for June 8th," says the editor of the *Lancet*,* "we noticed a case in which Mr. Syme tied the internal iliac artery for a spontaneous gluteal aneurism. The ligature separated on the twenty-fifth day after the operation; the patient continues to do well in every way. This will make the seventh

* *Lancet*, 22d June 1861.

case in which the internal iliac has been tied, in most of the cases with success.

"By a singular coincidence, a second case of gluteal aneurism had occurred at the Edinburgh Royal Infirmary, also under the care of Mr. Syme. There was a large aneurism of the left hip, of traumatic origin. Seven years ago, the patient, a middle-aged man, received a wound of the hip from a pruning-knife, accidentally driven deeply in, which was followed by great bleeding. The wound closed, but an aneurism formed, which latterly had become greatly enlarged. It was as large as a man's head at the base, occupying the whole hip, and rose into a large blunt cone. Friday, the 14th, was a field day at the surgical hospital, the large theatre being crowded with students and members of the profession, assembled to witness a bold operation which has not been seen for sixty years, since the intrepid John Bell performed it in a similar case in the same hospital. The description which John Bell has given of his case has been regarded as exaggerated or coloured, but no one will think so who witnessed Mr. Syme's operation last week. The only respect in which Bell's narrative transcends, is in regard to the length of his incision, which was two feet in length, but the tumour he described as of 'prodigious' size.

"Mr. Syme commenced the operation by plunging a bistoury into the tumour. This was followed by a gush of arterial blood, which spouted to a considerable distance, but was immediately arrested by the operator introducing the forefinger of his left hand, the wound having been calculated for this. With his finger in the sac, Mr. Syme now explored the interior, hoping to discover the situation of the opening of the artery by the entering current. Nothing, however, could be felt but a confused mass of clots. The operator then enlarged the wound cautiously until the whole hand could be introduced, which was now thrust in up to the wrist. As the hand was being used to search the interior of the sac, it was so held that the wrist was nearly sufficient to occupy the wound, but during this procedure several alarming gushes of blood took place, bespattering the operator

and bystanders, and most appalling to the onlookers, although in no way discomposing Mr. Syme.

"Compression of the abdominal aorta was tried, but as the patient lay nearly over on his face, this could only be done by pressing the abdomen up with one hand and the spine down with the other, and, as in John Bell's case, it seemed to do no good. Meanwhile nothing satisfactory could be made out by the hand, only masses of irregular and very dense coagula could be felt, from amongst which the blood came welling up. At this time the situation appeared a very critical one, and to those who were unacquainted with the operator's resources it seemed that he had only to choose between standing there for ever plugging the wound with his hand, or to withdraw it and let the patient's blood gush out. Mr. Syme again took the knife, ran it swiftly up and down, laying freely open the whole cavity, and scooped out the clots, one of which was of enormous size. The assistants, ready with sponges, darted them into the bottom of the sac, and the serious bleeding was at an end. All this was done with the greatest rapidity and precision, Mr. Syme stating afterwards, that in taking this step he had perfect confidence in his assistants, on whose intelligent aid so much depended.

"The bleeding from the artery could now be commanded by direct pressure,—not, however, Mr. Syme stated, when made against the bone, but when made into the sciatic foramen. The mouth of the artery was now seized with artery forceps, and a ligature carried round it and tied. All bleeding and risk were now at an end. The edges of the wound, which was directed downwards and outwards, were brought together and covered with a pledget of lint and a folded towel, but no bandage or compression was applied. The patient was under chloroform, and bore the operation well. The audience seemed surprised when Mr. Syme said that not much more blood had been lost than after a large amputation; but he reminded them that a large part of the blood which had escaped was that contained in the aneurism.

"In John Bell's case the patient had fainted from the loss

of blood, and was supposed to be dead before the sac was laid freely open. Mr. Syme also remarked that, after the firm fibrinous coagula were removed, the whole of the cavity was found to be lined by a distinct and perfectly smooth membrane.

"Those who witnessed the cases in which Mr. Syme operated in the same manner for traumatic axillary and carotid aneurism say that the bleeding was more alarming and the difficulty greater in this gluteal case. Those who were fortunate enough to see this operation will not easily forget the scene. No surgical operation probably ever appeared more alarming, none which more required the combined and high exercise of courage, caution, self-reliance, and promptitude. Of this, the large assemblage, so soon as the patient was removed, testified their feeling, contrary to the usual rule of the hospital, by greeting the operator with loud and prolonged applause."

Remarkable cases would seem at this time to have flowed upon him from all quarters, for we find him detailing, early in 1862, a case of "excision of the clavicle." This case was a girl from Glasgow, aged 20, with a tumour on her left shoulder, about the size of a cocoa-nut divided longitudinally.

"On tracing the clavicle from its sternal extremity towards the tumour, I felt that it was distinctly expanded at the base of the morbid growth, which I therefore concluded had originated from the bone, and not simply adhered to it. But having long taught and practised upon the principle that osteo-sarcomatous tumours never extend their roots beyond an articulation, and as the clavicle is separated from the acromion process by a perfect joint, I felt quite sure that if the disease had commenced in the former, it would not implicate the latter bone."

On the 18th of March he proceeded to remove this tumour.

"An elliptical incision was made from the middle of the

clavicle backwards over the most prominent part of the tumour, the flaps were reflected, and the clavicle exposed at a little distance beyond the expanded part, where it was divided by cutting-pliers." A hook being next inserted into the extremity of the bone, and consigned to an assistant, with instructions to hold it steadily upwards, " I carefully divided the connections of the tumour by dissecting upon the surface, not parallel with it, so as to complete the operation without inflicting any injury on the neighbouring parts, more particularly the capsular ligament, which was nevertheless denuded over a considerable portion of its extent. The wound healed quickly under ordinary treatment, so as to be completely and soundly cicatrised on the 22d April, when the patient was dismissed with less deformity and inconvenience than could be imagined by any one who has not seen how little disturbance results from removing the clavicle even throughout its whole extent."

In 1856-7 he published a fourth edition of his *Principles of Surgery.* The work at this time was already highly appreciated, was in the hands of most practical men, and had been long considered a standard work on the subject. This edition was published without the woodcuts and lithographs, and with a supplement. It was regarded at the time as an accurate *exposé* of Mr. Syme's views on most surgical diseases, and on the principles of those operations with which his name is specially connected. Its style was remarkable, being terse, distinct, and conveying with remarkable felicity a great amount of information in a small compass.

On the 6th July 1859, the Society of Surgery of Paris proceeded to the election of three foreign associates, to fill up the places rendered vacant by the death of Messrs. Guthrie and Travers of London, and Sir Philip

Crampton of Dublin. Professor Syme of Edinburgh, Scanzoni of Würtzbourg, and Stromeyer of Hanover, obtained a very large majority of votes, and were elected foreign associates. The following is the statute of the society, in terms of which the election took place :—

"The foreign associates are twenty in number. They are chosen by the society, on the recommendation of a special commission of four members, from among foreign surgeons who have been long celebrated for their works, their practice, or their writings. It is highly honourable to the surgical school of Edinburgh, that its most distinguished representative has been elected to a seat in a society to which merit alone can procure admission ; and it is the more remarkable, inasmuch as, although three vacancies were occasioned by the deaths of English and Irish surgeons, the only member chosen in this country has been one from our northern metropolis."*

Other honours soon flowed upon him. On the 30th October 1862 he was named a Chevalier of the Legion of Honour, having the previous year also received from the King of Denmark the order of the Dannebrog of that country.

This year he published his *Observations on Clinical Surgery*. In his preface he says—

"Having for a long period of years been engaged in teaching Surgery, with the advantage of a great hospital for my field of instruction, I venture to hope that the expression of opinions which I have thus been led to entertain, together with the relation of cases showing their application in practice, may not prove unacceptable to the members of my profession. The observations now offered refer, with few exceptions, to cases

* *Edinburgh Medical Journal*, 1859-60.

that have occurred within the last nine months; and it is my intention, at no distant date, to publish some further illustrations of the principles which I am accustomed to teach."

The following extracts, from a very able review of this book, in the *Monthly Journal of Medical Science*, will show the opinion that was formed of the volume and its author at the time:—

"Professor Syme has for many years held the first surgical position in Scotland—we may say with truth in the kingdom; for, whether we consider the improvements he has introduced into surgery, the entire confidence with which he has inspired his professional brethren, or the enthusiasm with which his lectures are listened to by the largest clinical classes in the country, there is no one in the present day, either at home or on the Continent, who has attained to equal eminence.

"And it is indeed refreshing to find such a man, after more than a generation has passed away, pursuing his profession with undiminished vigour, and inculcating the same principles which he taught within the walls of Minto House before he obtained the professorship which for nearly thirty years he has adorned. A striking feature in the present volume is the constant reference to fundamental principles. The cases are not recorded for their own sakes; every one is designed to determine and illustrate the value of practical principles. This is the great peculiarity, and one of the highest merits of Mr. Syme's publications and his teaching. Other surgeons may be as dexterous operators, and may have attained to great skill in diagnosis, but we know of no one who so constantly keeps before his own mind, and so unfailingly impresses upon his pupils, those great principles which render surgery a scientific pursuit. Hence it is, that, even after a lapse of years, Mr. Syme has been so seldom compelled to change his line of treatment, or to modify the operations he has devised. Thus it is that the amputation at the ankle, as performed in 1842, is still found to be the best method: though

numerous modifications and so-called 'improvements' have been proposed, the original mode of procedure is still found the most convenient.

"It is for the same reason that in the course of difficult operations Mr. Syme is never unprepared. Some of those recorded in this volume are amongst the most arduous in surgery, and calculated to test, in the highest degree, the resources and the presence of mind of the performer.

"But Mr. Syme is never at fault. Something unforeseen or unexpected may occur, but its import is at once understood, and the contingency provided for. Sensation writing is one of the characteristics of the day; and even in this work the reader will not fail to find most exciting matter—not that but everything is described by Mr. Syme in the most calm and unimpassioned language; but in some of the cases the danger to the patient is so great, and the responsibility to the surgeon so overwhelming, that we tremble as we read, while we have an internal satisfaction that the operator is Mr. Syme. No one can read the account of the ligature of the common carotid in a case of wound of the throat, or of the tying the gluteal artery on account of an aneurism of that vessel, without feeling that the patient's life hangs upon every movement of the surgeon, or without experiencing a sensation of relief when the operation has been successfully terminated."

We have previously referred to these cases of aneurism, in which the difficulties at the time seemed almost unsurmountable, and have given his own words to describe his feelings on the occasion; but we at the same time fully coincide in the very apposite remarks above expressed by the reviewer.

The clinical wards of the Royal Infirmary were now becoming famous, as attracting, not only the most important surgical cases from Edinburgh and its neighbourhood, but from all Scotland, and many parts of

England. The clinical reports, and history of interesting cases which occurred there, were now cutting in upon the time and leisure which Mr. Syme's period of life now required; Mr. Annandale, his assistant, therefore undertook the reporting of his clinical cases at the Infirmary, and did so in a series of papers which appeared from month to month in the pages of the *Medical Journal* of the period.

CHAPTER X.

Chairman of Jury on Surgical Instruments at Great International Exhibition of 1861—Visits Ireland—Dinner in his Honour at Salt Hill Marine Hotel—Lecture at Conversazione of Royal College of Surgeons of Edinburgh—Address on Surgery at British Medical Association at Leamington—Honorary Degree of M.D. of University of Dublin — Honorary Fellowship of Royal College of Surgeons, Ireland—American Views of his Operation at the Ankle-joint—Important Motion in Medical Council on Medical Education — Address to University Graduates, 1868 — Proposed as President of Medical Council—List of Honours conferred, etc.

IT has been an object of common remark that success in any walk in life is sure to follow perseverance, when accompanied with honourable conduct. This truth was prominently exhibited in the subject of our memoir. He was not a man who attracted by brilliancy either of speech or action; yet his unremitting efforts for the welfare of surgery, and the improvement and simplification of surgical appliances, had not passed unnoticed. At the Great International Exhibition of 1861-2 he was made chairman of the jury on surgical instruments and appliances; and at the grand ceremonial of the 11th July 1862, at which the prizes were distributed, he had the honour, as chairman of his jury, of presenting to the Duke of Cambridge the award of that body. Mr. Syme was accompanied on this occasion by Mr. Luke, the President of the Royal College of

Surgeons of England; Mr. Thomas Bell, F.R.S.; Dr. Farr, and Mr. Seymour Haden. This was at once a well-deserved compliment to Mr. Syme and an honour to the Scottish metropolis.

The following letter to Mr. Annandale tells of his anxiety about his patients when absent from them, and gives us at the same time some idea of the labour he had had in connection with the surgical instruments at the Exhibition :—

"9 Suffolk Street, May 21, 1862.

"My dear A.—I am very sorry to learn that the popliteal case is suffering so much. The only means likely to afford relief would be taking a little blood from the arm; and if the pain continues severe it may be proper to do this. I wish you would tell me particularly how the other man, 'Laticine,' is. Is he merely *weak*, or is there any bad symptom? In the axillary case there was prolonged weakness, and therefore I am prepared for this on the present occasion.

"If you only saw the outrageous increase in the way of surgical instruments that have been submitted for our approval! I sometimes think of taking down a bagful to laugh at. The jury have a formal meeting to-morrow, and I then intend to propose that we should finish the business on that day week.

"JAMES SYME."

"International Exhibition, 1862.
Jury Office, May 24.

"My dear A.—I wish you would send by the limited mail of Monday afternoon some cutting-pliers out of the box in my room. Three sizes—large, middle, and small; also the small saws for dividing the bone, such as the lower jaw; and, lastly, two needles, with their silver sutures.

"From this you will see that I contemplate something serious. J. SYME.

"T. Annandale, Esq."

"Friday.

"My dear A.—My old house surgeon, H. Marshall of Bristol, happened to come up on Monday to see the Exhibition, and I pressed him into the service, so as to save you the trouble of coming.

"W. Curling also assisted at the operation, which was a very formidable one, the case having perplexed the faculty both in London and Paris, being regarded as incurable. I will tell you all about it; but in the meantime may say that I removed the palatal part of the maxillary bone, and thus extracted a fibrous polypus which had extended itself in various odd directions. This patient is quite well.

"My paper at the Society on Tuesday was a complete success; not a word of objection, although nothing could be more defiant than the challenge.

"The jury will finish its labours, in respect to its awards of medals, etc., to-morrow, so that you may look for me on Sunday morning. I shall be very glad to get home, as the life here is not consistent with my notions of happiness.

"JAMES SYME."

The following characteristic note speaks for itself; it especially exhibits kindly feeling and confidence in surgical skill:—

"New Trossachs Inn, Bridge of Turk,
20th June 1861.

"Dear Syme—I send you a youthful Macgregor, who got his big toe and its neighbour cut off at the saw-mill here about eight months ago. Either from insufficient polishing at the time, or in consequence of the boy being allowed to hop about too much on crutches, there is a quantity of superfluous material formed at the end of the foot; and it is plain that the boy will do no good under any chirurgery that is to be had between this and Edinburgh.

"I have therefore persuaded his people, through the intervention of an excellent old schoolmaster here, as interpreter, to

send him for you to square his foot, and I have told them that you will enable him to walk home in a few weeks.—I am, yours always,- R. CHRISTISON."

Next autumn, having to make a professional visit in the south of Ireland, he determined to renew his acquaintance with the hospitals, surgical schools, and museums of Dublin. It was many years since he had visited the capital of Ireland, and his remembrances of that occasion still haunted him as having had an important influence on his life and work.

Between that time and the period of this visit he had had some discussion, not so much with the surgeons as with the Irish medical press, upon the most approved means of treating popliteal aneurism. The Irish surgeons were loud in praise of the good effects of pressure, preferring it in every way, both as regards success and safety, to operative procedure. But Mr. Syme lost no time in challenging this statement, and showing that treatment by pressure had been frequently and perseveringly used in Edinburgh, and had been abandoned altogether for that by ligature of the femoral. He also pointed out that while the treatment by pressure was slow and painful, and the result at best doubtful, that by ligature was of shorter duration, nearly painless, and highly successful; and he enumerated soon after the thirty-five cases in which he had tied the femoral artery for aneurism, with only one death. This death he attributed to a prolonged effort to cure the aneurism by compression, an effort which had so irritated the sac that it suppurated and proved fatal. Mr. Syme's remarkable success in this operation, which

far exceeded that of any other surgeon, was throughout clearly traceable to the soundness of the principles on which he proceeded.

Mr. Syme's visit took place in 1863. It was a short one, but he was received with the greatest cordiality everywhere. The surgeons vied with each other in doing him honour; and at last a dinner was organised, at which most of the leading surgeons of Dublin were present. It took place at the Salt Hill Marine Hotel, near Dublin, and is described as having been a most sumptuous banquet. Dr. Adams, Surgeon in Ordinary to the Queen in Ireland, presided, and introduced the toast of the evening with the following remarks :—

"I have now the honour of proposing to you as a toast the health of our worthy guest, Mr. Syme, the Professor of Clinical Surgery in the University of Edinburgh. He has paid us the compliment of visiting our hospitals and museums; and before we had been made aware by any public announcement of the arrival of so eminent a surgeon amongst us, he had himself the kindness to visit as many of us as time permitted him to do. We soon learned that his sojourn amongst us must be short, and we felt that, as we wished to have an opportunity of enjoying his company, even for a few hours, we must, without delay, extemporise a little Medico-Chirurgical Society to invite him to give us the pleasure of his company at dinner, an invitation we see he kindly accepted. And now, be it understood that this small assembly does not represent any learned body or college, but it is to be looked upon merely as a "Society of Friends" assembled here on this auspicious occasion to give Professor Syme, as we now do, a hearty welcome, a sincere "Cead mile failte." We are all glad to have this opportunity of becoming acquainted with a man whose fame is more than European,—we can say it without flattery, his reputation is world-wide. The man who is much occupied in the practice of surgery, and

who has had the advantage of having been early nominated as surgeon to a large hospital, incurs an obligation that he should, from time to time, faithfully communicate to the profession the results of his experience. How has our guest fulfilled this obligation? He has been, he himself tells us, 'for a long period of years engaged in teaching surgery, with the advantage of a great hospital as a field of instruction.' He has worked zealously, and I trust, in every sense of the word, profitably. His large work in 1841, entitled, *Principles of Surgery*, has been in our libraries for many years, and often consulted by us; and in his recent work, *Observations in Clinical Surgery*, 1861, he has given graphic accounts of many important surgical cases and operations, some of which, as it appears to me, not only do credit to himself, and to his country, but also to the age we live in. I allude specially to his operations in desperate cases of large axillary and carotid aneurisms, in which, no other resource appearing available, he had boldly recourse to the old operation for aneurism. He ventured to make incisions into the large aneurismal sacs, and dexterously succeeded in securing both ends of the large arterial trunks, rescuing the patients from impending death, and curing the disease. We offer such a surgeon a hearty welcome to our shores, and in congratulating him on his look of vigorous health, which it may be a satisfaction to his distant friends to know is hereby fully certified by this short-lived Medico-Chirurgical Society of ours. Let me add, while I again repeat the toast, 'the health of Professor Syme,' that we hope he may long be enabled to continue his valuable professional labours, by which he has already advanced, as well as adorned, the science and art of surgery."

Professor Syme, in reply, said—

"I am not a man of words, or of very ready speech, although I have lately, during my hurried visit to the south of Ireland, performed a ceremony at Blarney Castle which is said to be strangely effectual in freeing the hinges of the tongue; yet I feel, at the present moment, no need to draw upon my newly acquired power. Few occasions of my life have been, I can sincerely say, more gratifying to me than this, and my reception

here is a gratification to me I shall feel as long as I live. It is now nearly forty years since I first visited your city in the year 1825. Being then an anatomical teacher, I came to Dublin to pursue some anatomical researches which I could not follow out at that time in Edinburgh owing to the absolute deficiency of subjects in our schools. Every facility was afforded to me by my respected friend, the late Mr. Cussack, and I remained for some time working in the school with which he was then connected.

"I was filled with admiration for the surgeons of Dublin. I desired to follow the example I had seen. It was my ambition to emulate the surgical practice and teaching of the Irish school. The kind expressions manifested towards me this evening have convinced me that I have not failed in attaining my object, and that for the advancement of surgery I have not lived in vain.

"Fortunately for progress, differences of opinion will exist among professional men, and though, in some few instances, asperities will accompany them, it is surprising how these may be smoothed away by personal intercourse, and how much good may be done by a kind expression of the eye, or a friendly grasp of the hand at first meeting. May I hope that some at least of those present will visit Edinburgh ere long, and thus let us mutually profit by such kindly intercourse?" *

Soon after his return from Dublin he was asked to give an account of an important operation which he had recently performed. This he did at a conversazione of the Royal College of Surgeons, Edinburgh, where there was a large attendance, including the President of the Royal College of Physicians, Dr. Currie, Deputy Inspector-General of the army, etc. etc. etc.

"Dr. Newbigging, the President of the College, received the visitors in the library; after which they adjourned to the hall,

* *Medical Times and Gazette*, October 1863, p. 386.

when Professor Syme related the history of a case of excision of the scapula, and a lecture on the present aspect of Cellular Pathology was delivered by Mr. William Turner.

"The President, in opening the proceedings, remarked that no name was better known or more honoured in the science and practice of surgery than that of Professor Syme; while Mr. Turner had already obtained a high position in the Medical School of Edinburgh as an original observer, and had gained a well-merited reputation for his minute and accurate scientific knowledge.

"Professor Syme then said that before proceeding to communicate the case which he had undertaken to relate, he might explain the circumstances which had led him to do so on the present occasion. Mr. Turner had happened to mention that in his lecture on Cellular Pathology he intended to notice particularly a tumour which had been removed by himself some time ago; and as the procedure might be regarded as new in the practice of surgery, Mr. Syme had thought it might prove not uninteresting to give some account of the operation, and to show the patient who had been the subject of it.

"Between two and three years ago, G. C., a man forty-three years of age, applied to me on account of a tumour of the right humerus. It was seated under the deltoid, was of no great size, and evidently proceeded from the bone. Wishing to save the arm, and at the same time get rid of the disease, Mr. Syme determined to remove the head of the bone. An incision was accordingly carried downwards from the coracoid process, the head of the humerus was turned out, and the bone was sawn through a little below its surgical neck. He might here remark that this proceeding was a rare one.

"This man after the operation made a good recovery; the wound healed quickly, and he went back to the country with a very useful arm. For twelve months he performed the duties of a small shopkeeper, but at the end of this time he noticed an enlargement of the upper part of the scapula, and soon after he came back to Mr. Syme, who, not liking the appearance of the growth, advised him to return home. He returned with the

tumour larger than ever, and Mr. Syme, having well weighed the case, determined at last, instead of removing the arm with the scapula, to remove the scapula and leave the arm. Such a proceeding, it might be remarked, was not altogether new in his practice. Five years ago he had, in the case of an old woman seventy years of age, removed the scapula alone on account of a tumour. Accordingly, a longitudinal incision was carried from above downwards over the posterior surface of the scapula, and another incision was carried across. The clavicle was divided at about a third of its length from its acromial end, both in order to facilitate the operation, and because this portion of bone would have been useless after the scapula was removed. A cord was passed round the scapular end of the divided clavicle, and was pulled upwards by an assistant, so as to facilitate the detachment of the connections of the scapula. The tumour thus removed weighed between four and five pounds. The operation was performed with very little loss of blood, and next day the patient was noticed to be using the arm at breakfast. There was no constitutional disturbance; the case went on in the most satisfactory manner; and three weeks after the operation the patient was found writing a letter with the hand of the side operated on. Three months had elapsed since the operation, and constant improvement had taken place.

"The patient was here introduced to the meeting, and presented all the appearance of a man in vigorous health. The arm was about the same length as the other, neither shorter nor longer. He easily raised his hand to his mouth, and lifted a heavy mahogany chair from the ground; and in illustration of the increased flexibility of the limb he placed the point of his elbow under his chin.

"Mr. Syme was inclined to entertain a very favourable opinion of the operation. It might be observed that the occasions on which it might be required were by no means rare, for the scapula was a bone where tumours were apt to form. Mr. Syme remembered one case in particular which had occurred at a very early period, not of his professional career, but of his professional life. The case came under the care of Mr. Liston, and

was that of a boy who had been dismissed from the Royal Infirmary as incurable, on account of a tumour of the scapula, in all probability very like that in the case just related. Mr. Liston proceeded to remove the growth, which was very vascular, and bled furiously. A small portion of the tumour was left attached to the supra-spinous portion of the scapula. From this point the disease started afresh; the tumour grew rapidly, and began to bleed. Mr. Liston was naturally very anxious about the case, and wished to remove the scapula, along with the arm; but he could not obtain the sanction of any surgeon in Edinburgh, and did not at that time feel warranted in performing such a serious operation on his own responsibility.

"The boy died; but if it had occurred to Mr. Liston to remove the affected portion of the scapula alone the patient might perhaps have been saved. Mr. Liston, in despair, had applied to Dr. Barclay to sanction the operation, but he refused to do so; because the operation involved cutting through the great subclavian vein, at a point where it was very near the heart, and would not bear a ligature. Had the operation of excision of the scapula been performed, cutting through this vein would not have been required."

Mr. Syme in 1864 published a small work on the subject of *Excision of the Scapula.* Like all his works, especially those of his maturer years, it was characterised by great brevity, clearness, and adherence to sound principles. The subject was of great importance, as treating of a class of diseases which he showed was far from rare; and surgery, which already owed him so much, was thus further indebted to him for having introduced the operation of "Excision of the Scapula." In this little volume three cases are recorded, the mere details of which are amply sufficient to establish the following propositions:—

1*st*. That the entire scapula may be removed with safety, and without much loss of blood.

2*d*. That the wound thus inflicted may heal quickly and soundly.

3*d*. That the arm may remain strong and useful.

The operation at first sight seems a formidable one, but Mr. Syme's cases clearly demonstrate its practicability and success.

The subject of professional fees has often been discussed by the members of the medical profession. The matter never was or could be settled satisfactorily, in consequence of the vast difference in the customs of different practitioners: some were in the habit of demanding the same fees from all classes of patients, while others had a "sliding scale" which enabled them to charge to the rich what they gave to the poor. But this did not fail, every now and again, to lead to certain correspondence on the subject in the medical periodicals. This was especially the case in 1863 regarding the fees for consultation of medical men at a distance. Before the days of railways and other public conveyances, the old-fashioned plan by which consultation fees were regulated was the penny-pie system of "one guinea per mile." It was originally established that this should cover all expenses of posting, etc., which any case, however much out of the way of ordinary access, might involve. But the inauguration of railways, and the necessity of posting from the nearest station only, at once instituted a different style of charging. Mr. Syme was never fond of accumulating money; this element of his character is conspicuous from the earliest

periods of his professional life. He had no innate love for large fees, but he felt that the position he occupied in the profession was one which entitled him to receive an adequate remuneration for his services, and that if he did not do so, the junior and lower members of the profession would find it difficult to secure it. It was more therefore for his professional brethren than for himself, that he responded to the appeal made to him on the occasion referred to. He always avowed that he believed the Scripture precept, that "the labourer is worthy of his hire," and that professional services ought to be justly and properly remunerated, when patients were in a position to do so.

The correspondence, which started into existence in 1863 in the *Lancet*, referred more to the charges of consulting medical men than to those of general practitioners. Mr. Syme, whose liberal notions and strict professional integrity were everywhere known, having been appealed to on this point, wrote the following letter to the editor ot the *Lancet* in explanation of his views upon the subject:—

"In reply to your question whether or not I endorse the tariff of £25 per day for a whole day's professional service, irrespectively of the distance travelled, it will be sufficient to say, that I am not, and never was, a party to such an arrangement.

"My own feeling is opposed to a fixed rate of charge for either country visits or operations, since the service so afforded is the same, however much the circumstances of patients may vary. The tradesman can put a value on his commodities, and limit their distribution to those who are able to comply with the terms of sale. But any one who practises physic or surgery as

a profession should endeavour to render the means of relief which he possesses, so far as possible, available to those who require them, and with this view, place the liberality of the rich to the credit of the poor. JAMES SYME."

The principles Mr. Syme inculcated in this letter had been followed by him throughout, as the following note will show, although its date is many years previous to the occasion referred to :—

"Mr. Syme presents his compliments to Lord ——, and begs to say, from the enclosure which Lady —— had the kindness to give him on Saturday, he fears there may have been some misapprehension with regard to the professional service he rendered at ——. The operation, though undertaken without delay or ceremony, was one of the most important in surgery, directly affecting the life of the patient, and seriously involving the character of the operator. Mr. Syme ventures to hope that Lord —— will do him the justice of attributing this communication to its true motive, which is simply to prevent his Lordship or himself from remaining in a false position."

As a general rule, the operation for excision of the tongue is an extreme measure, and only resorted to by surgeons to give the patient a chance of continued existence. It is always a very unsightly and dangerous operation, and requires an especial amount of skill and care in its performance.

Mr. Syme says in March 1865 that

"some years ago, I endeavoured on two occasions to afford relief from disease of the tongue, otherwise incurable, by cutting out the entire organ ; but as both cases terminated unfavourably, I felt no desire to repeat the experiment, and have repeatedly declined doing so under circumstances of a very urgent character.

"In the early part, however, of November last, Mr. W——, æt. 52, from Manchester, applied to me, on account of a very

formidable morbid condition affecting his tongue. From the point to the root it was swollen and indurated, the surface being of a brown colour, and roughly tuberculated, so as to resemble the back of a toad. It was also nearly quite immovable, and, from completely filling the mouth, not only prevented articulation, but rendered deglutition impossible with respect to solids, and extremely difficult in regard to fluids. From the same state of matters there was a most offensive fetor, through mucus secreted by the unhealthy surface not being permitted to escape." This gentleman had been ill since 1862, and had been under the care of a variety of medical men, both in Manchester and London. Some palliative measures were suggested by Mr. Syme, with a recommendation to lose no time in returning home; but soon after this, letters arrived reporting such an aggravation of his symptoms that death from starvation seemed imminent, and urgently desiring some means of relief however severe or dangerous. To these Mr. S. replied that there was nothing for it but a removal of the tongue, and that the operation promised nothing more than a chance of escape. This slight encouragement brought the patient back, and he arrived here on the 27th of December. "Being thus, as it were, compelled to make another trial of excision, I carefully considered all the circumstances concerned, that might interfere with its successful performance. Of these, the one which most prominently presented itself was the prevention of voluntary deglutition that must result from depriving the os hyoides of the power by which it is drawn forwards; instead, therefore, of cutting through all the muscles of the os hyoides, as had been done in the former cases, I resolved to retain the mylo-hyoidei and genio-hyoidei entire, and divide merely the attachments of the genio-hyoglossi. I also thought it would be better to perform the operation without chloroform, since the patient, instead of lying horizontally, might thus be seated on a chair, so as to let the blood run out of his mouth, and not pass backwards into the pharynx."

The operation was performed on the 29th, in the presence and with the assistance of Mr. Annandale, Mr. Sewel, and Mr. Chiene. Two-thirds of the tongue were cut away. There was

little bleeding, and the wound closed, and was retained by means of silver sutures.

"Next day I visited the patient, and, finding him in all respects comfortable, inquired if he could swallow? In reply he pointed to a drinking-cup containing milk, and intimated that he wished it to be filled; then placing the spout between his lips, while his head was bent backwards, he drank the whole without any cough or sputtering. Having seen this, I felt assured that the result would be satisfactory, and was not disappointed, as everything went on well afterwards.

"Under an ample supply of nourishment by milk, soup, and soft solid food, there was a rapid return of strength, so that an improvement in this respect was almost daily observable; and, before the end of three weeks, the patient declared that he had never felt better in his life. He returned to Manchester on the 23d of January.

"Excision of the tongue has thus afforded complete relief in a case of the most formidable and distressing disease. How far the relief thus obtained may prove permanent, and how far it may admit of being extended to cases of a similar kind, are questions that can be determined only by experience. But the frequency of malignant growth affecting the tongue in an otherwise sound state of the system urgently requires the truth to be ascertained in regard to the value of a remedial measure; and if the operation is now, as I trust it has been, freed from the chief danger attending its performance, facts sufficient for the purpose will probably ere long be accumulated."*

The following letter was received by Mr. Syme fourteen days after the patient's return to Manchester:—

"Waterloo Road, Manchester, 7th Feb. 1865.

"Professor Syme.

"Dear Sir—It is a fortnight yesterday since I left your city, and the sore under my chin is not healed up. I have taken no less than three pieces of bone out of it—one only this morning;

* *Lancet* for March 1865.

and these pieces of bone must be splinters from the jaw or tooth on the excision of my tongue. Do you not think so? For myself, I am gaining strength every day, and can eat like a ploughman, only not so fast.—Yours truly, J—— W——.

"*P.S.*—I have seen your account in the *Lancet* of the excision of my tongue, which is a true account. J. W."

The above is the last case which Mr. Syme ever published. His time had become otherwise occupied; his daily increasing practice, the necessity for his making long journeys to perform operations, and other professional matters, no longer left him leisure to do so. What time he had to spare was devoted to the subject of medical reform, which, as we have already seen, was a favourite topic, and in which he had long taken an active part.

The annual meeting of the British Medical Association took place at Leamington on the first four days of August 1865, Dr. Jeaffreson of Leamington in the chair. The addresses on medicine and surgery were given by Dr. Stokes of Dublin and Professor Syme of Edinburgh. The matured opinions of two such men, on the branches of the profession with which they had been so long respectively connected, drew large audiences, and are so important that we lay Mr. Syme's in detail before our readers.* He said—

"Mr. President and Gentlemen—It is said, with truth, that those only can appreciate the comfort of travelling by railway who have experienced the delay and fatigue of the old coaching system; and it is no less true that surgeons of the present day can hardly imagine the facilities they enjoy in discharging their

* *Edinburgh Medical Journal* for 1868.

professional duties, when these are compared with the difficulties experienced by their older brethren. Forty years having now elapsed since my first course of Lectures on Surgery, I venture to hope that some account of the changes in practice which have taken place during this long period may not be without interest on an occasion that has afforded me the honour of addressing so many members of my profession.

"But before proceeding farther, I must entirely dissent from the opinion which was expressed by my respected friend who addressed you yesterday—that the progress of improvement implied a censure on those who had preceded it. On the contrary, I have always understood that there was nothing more creditable than the admission of error, and that every man, instead of being ashamed to do so, should be proud of taking a step in advance, whether he leads or follows.

"Commencing with the treatment of inflammation and its consequences, I may notice a most remarkable difference between the old and the present practice in the almost entire disuse of blood-letting, instead of its nearly constant employment. On looking back, it is indeed difficult to realise the reckless and indiscriminate profusion in which blood was made to flow. When I was one of the dressers of the Royal Infirmary of Edinburgh, two of us went every evening at a stated hour to bleed the patients, whose names were entered in a book, with the respective quantities due from each. On one occasion I recollect of 65 ounces taken at once, and followed by 35 next day. At present few surgeons carry a lancet, and still fewer ever employ it; so that venesection, instead of being the most frequent, has become one of the rarest operations in surgery. The reason of this is generally said to be a change in the type or condition of the human system, but may, I think, be attributed rather to the influence of more correct ideas in regard to the treatment of disease, since it is certain that operations no less bloody than those of the old time are now performed without any evidence of less ability to bear them.

"Before being appointed house-surgeon of the Edinburgh Infirmary I was medical superintendent of the Fever Hospital;

and there, under the direction of the attending physicians, both of whom were professors of the University, I bled men, women, and children, who were brown, emaciated, and reduced to the utmost degree of weakness.

"Afterwards, when house-surgeon to the Infirmary, I had under my care a boy who suffered from compound fracture of the leg, which gave rise to profuse suppuration; and, about three weeks after the injury, seeing that his strength was much exhausted, I ordered him some porter with beef-steak. But next day the surgeon, who was one of the most largely employed medical men in Edinburgh, disapproved of this, which he said would feed the disease, and directed me to take some 14 ounces of blood from the arm. I obeyed with great reluctance; and need hardly add that before the end of forty-eight hours the boy was dead. Now, I would ask, could any man at present think of bleeding in such cases as these? and if not, then I say that, whatever change there may have been in the type, there certainly has been a change in the practice.

"In treating the sinuses which remain after the evacuation of abscesses, a great improvement has long been established through the substitution of effectual drainage instead of the means formerly employed to promote a healing action. These were sponge-tents, stimulating injections, and external pressure. Nothing could be more absurd than the first of these, since their alleged use was to keep the orifice open, while, on the contrary, they effectually closed it, so that at every dressing the pent-up matter issued in a stream. The injections and pressure, though less hurtful, were equally useless and unnecessary; and there can be no doubt that, if recovery be not impeded by an unhealthy state of the system, by some morbid texture, or by the presence of a foreign body, nothing more is required than an aperture sufficiently free, and so situated as to prevent any accumulation of fluid in the cavity. The principle of drainage has been applied by M. Chassaignac to the treatment of chronic abscesses, through means of perforated india-rubber tubes; and from my experience of this method I can bear testimony to the advantage that attends its adoption.

"The dressing of sores tending to heal has been greatly improved by substituting moist applications instead of the ointments previously employed; and any one who can recollect the old method of treatment by means of calamine cerate spread on lint or linen, with its pledgets of carded tow and long bandages, must rejoice in the simplicity, facility, and efficiency of our present system. Mr. Liston, to whom we are much indebted for advocating this method, had great confidence in the "red-lotion" as it has been called, and for which the original receipt will be found in the *Surgical Essays* by Mr. Hey of Leeds; but, for my own part, I have long been satisfied that water alone is sufficient for the purpose.

"At the time when I commenced practice, the callous or indolent ulcer, from which the labouring classes suffer so much, was treated by means of adhesive plaster and bandaging, not without much time, trouble, and expense. In 1829 I proposed a different plan, which was to apply a large blister over the swollen limb, in order to induce absorption of the indurating effusion, and allow the healing process to accomplish cicatrisation under the ordinary treatment of a granulating surface. In Edinburgh, and by Edinburgh students scattered over the world, this method has been found invariably successful; but it is still, I have reason to believe, not generally known in the profession, and I am therefore glad to take this opportunity of recommending its adoption, as being the most speedy, easy, and lasting mode of affording relief.

"The sores that result from the use of mercury were formerly very frequent, and always occupied many beds of the hospital. My recollection hardly extends to the dark period during which these cases were treated by administering the poison that had produced them, but well do I remember the shrieks of unfortunate patients who were subjected to the means deemed requisite for their remedy. When superficial, and affecting merely the integuments, their surfaces were repeatedly destroyed by caustic potass; and, when more deeply seated, so as to expose the bone through opening of periosteal abscesses, they were condemned to scraping, rasping, and the actual cautery, or even amputation.

Such cases are now comparatively rare, and in Scotland are hardly ever seen except through importation from the southern side of the Tweed, where the Hunterian doctrines with regard to the use of mercury struck their roots more deeply in professional confidence; but, when they do present themselves, they are found to yield readily under the application of blisters, with small doses of the iodide of potassium. Through this simple treatment I have repeatedly known patients, who had come from distant parts of the world prepared to suffer amputation, obtain speedy and complete relief.

"The sloughing sore of old people, or senile gangrene as it has been called, used to be regarded as a disease no less hopeless than painful. Mr. Pott had pointed out the impropriety of stimulating local applications; but it was still thought proper to support the patient's strength by wine and brandy. The last case thus treated that fell under my observation was one which the late Sir George Ballingall and myself were requested to visit at some distance from Edinburgh, as no improvement had resulted from the prescriptions of Mr. Liston, which we found to be two bottles of Madeira and half a bottle of brandy daily. The patient complained that his foot felt as if inclosed in a red-hot iron boot; but we had no alteration to suggest, and he died before long, in great agony. It soon afterwards occurred to me that if the disease, as it certainly did, depended on an inadequate supply of blood, through ossification of the arteries, the limb must be nearly in the same state as after ligature of their trunk, when it is well known that the effect of stimulants would be the excitement of inflammatory action, and that the treatment therefore should be similar. Under this impression I tried the employment of a milk and farinaceous diet, with simple poultices and opiates to relieve pain. The result fully answered my expectation, and in 1840 I published a paper on the subject, with the view of showing that the disease might thus be rendered much less painful and fatal than it had been under the stimulating plan; and the anticipation thus expressed has since then been fully realised.

"There is nothing more worthy of notice in our present

inquiry than the change that has taken place with regard to the old system of dressing wounds, which is painfully impressed on my recollection by personal experience; when about fourteen years of age I was thrown from a pony, and had my knee severely lacerated, just above the patella, from which the integuments were torn down so as to expose the bone completely. A very experienced surgeon, who came to my assistance, washed out some of the mud that lay in the cavity, and then brought its edges together by straps of adhesive plaster applied so closely that they overlapped each other: lint spread with ointment, and a roller six yards in length, completed the process. Intense suffering and fever followed, with urgent petitions for relief, but all in vain till the fourth day, when the dressings were taken off and reapplied, as they were every day afterwards for six weeks. The gentleman who attended me on this occasion had been House Surgeon of the Edinburgh Royal Infirmary, and pursued the method then regarded as proper in all cases of wounds, whether resulting from operations, or otherwise caused. In 1826 I published a paper on the treatment of incised wounds, in order to show the bad effects that necessarily proceeded from immediate closure of the aperture, since, when this was done, there could not fail to be such a quantity of blood or serum accumulated in the cavity as must effectually prevent primary union; and in support of this position I appealed to the fact, that students passed through the whole of their hospital career without ever witnessing an instance of healing by the first intention, except in wounds of the cheek or lips, where, there being two orifices, the blood could not be confined between the raw surfaces. To avoid this great evil, I advised that the edges should not be brought together until the bleeding has ceased, and that then there should be no impermeable covering placed over them. The principle which I thus endeavoured to establish is now, I believe, generally recognised in practice.

"There are few subjects of practical Surgery that in recent times have excited so much discussion as the mode of performing amputation. When I entered the profession it was the invariable

practice in Edinburgh, and I believe elsewhere, to operate by circular incision, even for removing the fingers and toes. At former periods, various surgeons at home and abroad had not only proposed, but to some extent adopted, the method by flaps; and M. Lisfranc, more than forty years ago, taught it in his operative course on the dead subject as applicable to all parts of the extremities; but, so far as I saw, it was never then employed in Paris on the living body. While things were in this state, Mr. Liston became a very strenuous advocate of the flap operation, and by his example, as well as teaching and writing, made a strong impression in favour of this method. I also published a paper on the subject, with a view of calling attention to the advantages for which we contended, and more particularly the saving of pain by rapidity of execution, together with the provision of a good covering for the bone. The expectations thus held out were fully confirmed by experience with regard to the arm, forearm, and upper part of the thigh, but led to disappointment in operating at the lower part of the thigh and through the leg. In the latter situation it was found difficult to prevent the flap from dragging the integuments in front, and making them adhere to the bone, so as to ulcerate or even slough, and thus occasion a sore of the most unmanageable character; while in the thigh the result was apt to be still more distressing, through retraction of the flaps and protrusion of the bone. For my own part, therefore, I have long abandoned the flap operation in the leg, and employed in its stead the circular method, by making two semilunar incisions from side to side through the integuments, and reflecting them to a sufficient extent for covering the bones without any risk of retraction. I pursued the same course with regard to the thigh until a comparatively recent period, when I felt great pleasure in adopting the important principle which has been established by Mr. Teale of Leeds, and Mr. Carden of Worcester, that a long anterior flap is not liable to retraction, so that it may be safely trusted for covering the bone. Amputation below the knee is seldom required, since all the diseases and injuries which were formerly held to demand it may, with few exceptions, be remedied by removing the foot at

the ankle. This operation, when properly executed, without any of the complications that have been proposed for its alleged improvement, affords the most satisfactory results, by providing a perfect protection for the bones, by shortening the limb merely enough for fitting it with a boot, and by avoiding the risk of life attendant upon dividing the tibia and fibula through their shafts. Upon the whole, then, it would appear that amputation of the arm and forearm should be performed by a double flap, of the thigh by one long anterior flap, below the knee by two semilunar flaps of integuments, and at the ankle by a flap from the heel.

"In treating diseases of the joints there have been many and great improvements, of which perhaps the most important is the substitution of rest for counter-irritation as a means of subduing the morbid action. The advantage of this is well illustrated by the different results obtained from the old and the present practice in cases of hip-disease. Within my recollection they were regarded as nearly, if not entirely, hopeless of recovery; and the caustic issues, always deemed proper for their treatment, were employed rather in compliance with established usage than with any expectation of a beneficial effect, the morbid process being expected to pursue its course until suppuration took place, and left no alternative to the patient but death from exhaustion, or escape from this danger with a distorted useless limb. Instead of the painful feelings with which the treatment of these cases was undertaken in those days, we now, through means of the "long splint," which, by preventing motion in any of the joints, maintains the one concerned in a state of absolute quiet, look forward with confidence to the accomplishment of recovery before the end of many weeks, unless the progress to destruction has advanced too far, and already led to suppuration.

"There is another form of articular disease, in which the improvement has consisted not in the disuse, but in the greatly increased efficiency, of counter-irritation. This is that which has been denominated ulceration of the cartilages, and is characterised by intense pain, aggravated through pressure or motion, and other symptoms well known to the gentlemen whom I have the honour of addressing. In addition to the suffering experienced

by the patient from this disease, there is a great risk, or, indeed, almost the certainty, of suppuration and caries being ultimately induced by it, so that effectual means of remedy are of no small value. Bleeding, blistering, and caustic issues generally palliate the symptoms, but frequently fail to do so, and seldom, if ever, produce a decidedly curative effect. It was, therefore, with great satisfaction that, more than thirty years ago, having, on the authority of the late Professor Rust of Berlin, adopted the actual cautery for the treatment of this disease, I found that there was thus obtained relief no less speedy than complete. The actual cautery, I believe, had then never been used in Great Britain for the purpose of counter-irritation, and for many years made slow progress in professional confidence, but is now, I fear, encountering a more serious difficulty from its too free and indiscriminate employment, which must tend to lessen the credit so justly merited in proper cases. In the most frequent form of articular disease, which proceeds from constitutional weakness, leading to scrofulous degeneration of the tissues—there being merely a colourless elastic swelling without pain or other symtoms of inflammation—it seems difficult to believe that in such a condition local treatment of an active kind should ever have been deemed proper; and yet, within my recollection, leeches, blisters, and even stronger counter-irritation, were employed for it. The more correct ideas now entertained have, it is to be hoped, greatly lessened, if not altogether prevented, such improprieties, and rendered improvement of general health the great object of treatment, the local means being simply of a protective character.

"Notwithstanding the improvements to which I have alluded, and the consequently more satisfactory results of our treatment, it still unfortunately too frequently happens that the disease of a joint terminates in suppuration and caries. But in this event also we have made an advance in many cases, by removing the affected bone instead of amputating the limb. The elbow-joint is the one that most frequently requires this procedure, is most conveniently situated for the purpose, and affords the most valuable result by preserving the arm and hand, hardly, if at all,

impaired, as to either mobility or strength. The success attending the operation on this joint has led to its employment in other articulations with success more or less complete. In cutting out the shoulder-joint great difficulty has been experienced in removing the head of the humerus and glenoid cavity through the same incision ; and I have therefore adopted a different plan which renders the process extremely easy. This is to cut directly downwards from the coracoid process, so as to accomplish the first part of the operation ; and then, if the other is found requisite, to make a second incision through the posterior side of the joint along the inferior costa of the scapula, which affords free access to the neck of the bone. I may here remark that both the scapula and clavicle admit of being treated with great freedom, and even removed completely, without materially impairing the arm in its usefulness. The wrist-joint, from the complexity of important parts lying over it, has, until lately, been deemed an improper subject for excision ; but Professor Lister, by methodically attacking the different bones concerned, has succeeded in establishing a procedure by which the most extensive caries in this situation may be removed without injury to any of the digital tendons, blood-vessels, or nerves, and with the effect of preserving a perfectly useful hand. In the year 1830 I cut out the knee-joint, and four years afterwards exhibited the patient in the most perfect state of recovery at a meeting of the Medical Section of the British Association for the Promotion of Science. It may be asked why I did not continue to employ this operation ? and my reply would be—For three reasons ; since I feared, in the first place, that in adults recovery would be very tedious ; secondly, that in children the limb would be stunted in its growth ; and, thirdly, that some small sinus or oozing of matter, so frequent after incision of the elbow, might prevent the body from having a firm and useful support.

" It appears that these anticipations have been only partially realised ; and that, in favourable cases, the operation may be performed with a fair prospect of success. There still, however, remains the question as to expediency in choosing between the prospect of a result thus obtained, and that of a comfortable

stump with an artificial limb ; and here, I regret to say, the discussion has been characterised by a degree of fervour that savours more of personal acrimony than a simple regard for the relief of suffering. For the future, I hope that the exercise of a free choice on this point will not expose any of us to unworthy imputations.

" The cartilaginous bodies, which are so troublesome in the knee-joint, were formerly regarded as an unsatisfactory subject of treatment, on account of the inflammation that was apt to attend their excision ; but the subcutaneous operation suggested by myself in 1841, and afterwards improved by Mr. Square of Plymouth, has afforded a means of remedy both safe and easy.

" With regard to the pathology of the osseous system, instead of the vague and erroneous ideas entertained forty years ago respecting the formation of new bone, we now possess a clear understanding of the source from which it proceeds. My probationary essay on necrosis was written with the view of showing that the periosteum had nothing to do with ossification ; but, ten years afterwards, I was led by the observation of some facts in practice to take an entirely different view, and to perform experiments which completely removed any doubt that could have remained on the subject. By detaching the periosteum of dogs, and either removing the denuded bone, or surrounding it with tinfoil, I obtained results that proved beyond all question the periosteum to be the great agent of osseous reproduction. Of late years much attention has been devoted to this subject in France, especially by M. Ollier, who came to Edinburgh with his preparations of rabbit-bones, and was not a little surprised to find them anticipated by my own from dogs, which had been made and published twenty years before.

" Our knowledge of the ossifying power which is possessed by the periosteum has improved the treatment of necrosis, and has led to other applications, of which the one most worthy of notice is that employed for the remedy of fissure through the hard palate, where, by detaching the periosteum, and obtaining sufficient relaxation of the dense superjacent textures by means of lateral incisions, we are enabled, not only to close the gap, but to do so by the formation of new bone.

"In the early part of this century a large share of attention was devoted to the suppression of hæmorrhage, which consequently became so perfect as hardly to admit of any improvement during the period at present under consideration. Mr. John Bell, followed by Mr. Guthrie, had established the great principle that bleeding should always be arrested by means applied at the seat of injury; and that if the access for this purpose were not sufficiently free, it should be enlarged by extension of the existing wound, rather than by making a new one. Dr. Jones, by his ingeniously-devised and carefully-executed experiments, had fully explained the different steps by which the blood is spontaneously prevented from continuing to flow. The tenaculum had given place to the forceps, and small silk ligatures had been adopted instead of the bookbinders' twine previously in use. Some attempts have lately been made to throw discredit on the ligature, by attributing the most injurious effects to its action, and by proposing in its stead various contrivances of needles or wires, or a combination of both. Such proposals must be received with regret, as evincing an uneasy desire for innovation, and as calculated to confuse the sound principles of practice which have been established by men of experience and reputation. The truth is, that the ligature occasions no irritation, inflammation, or gangrene, as it has been said to do, and merely prevents union to the extent of its presence. Thus, when the femoral artery has been properly tied, the wound heals completely by the first intention, except at the point where the ligature lies, and from which a few drops of matter are discharged. Indeed, so far from regarding the ligatures as injurious, I believe them to be of great service, by maintaining an outlet for the discharge of fluids that might otherwise accumulate in the cavity; and therefore, instead of cutting off one of the threads, as was formerly the custom, always preserve both with a view to this effect.

"The treatment of aneurism also seemed to have been rendered perfect by the operation of Hunter being applied to all the branches of the aorta, primary as well as secondary; but during the latter half of our forty years' period there have been symp-

toms of a revolutionary tendency, which has led to important alterations of practice. Of these may be first noticed a revival and improvement of the treatment by pressure as a substitute for the ligature, which we owe to our brethren of Dublin, and more especially Drs. Hutton and Bellingham. There can be no doubt that by means of properly constructed apparatus, and with sufficient endurance on the part of the patient, aneurisms, and more particularly those of the femoral artery, may usually thus be remedied without any long delay. But, on the other hand, it cannot be denied that pressure sometimes fails, and may also be attended by unpleasant consequences; while it appears that, in so far as the femoral artery is concerned, the operation, if carefully and correctly performed, is nearly, if not absolutely, free from danger. I have done it in thirty-five cases, and never met with any bad result, except on one occasion, when an attempt had been made, without success, to accomplish the object by pressure; and the sac suppurated without any blame being attributable to the ligature. The method by pressure, therefore, while justly regarded as a valuable addition to the resources of Surgery, should hardly be considered as a substitute completely superseding the operation. The treatment of popliteal aneurism, by simply bending the knee, has frequently been successful, and seems the perfection of simplicity, but is by no means certain in its effect, and, as I have had occasion to see, may prove injurious by rupturing the sac. Various attempts have been made to induce coagulation by introducing foreign matters into the cavity, and of these the injection of perchloride of iron by M. Nelaton has been most successful. This plan seems most suitable for aneurisms affecting arterial branches of secondary size, and even here would appear to be not altogether free from serious danger, through its effect upon the circulating system. In another way I have endeavoured to improve the treatment of aneurism, by showing that the artery at the seat of rupture is not necessarily unable to bear a ligature, and that, therefore, in cases where the Hunterian operation is either impracticable or beset with peculiar difficulty or danger, it may be better to open the sac and secure the bleeding orifices.

"Passing from general to more particular considerations, we may begin with the head, where much has been done in the way of improvement. The eyeball, instead of being roughly scooped out along with the contents of the orbit, is now delicately detached from its conjunctival covering and muscular attachments, so as to be removed with little disturbance of the neighbouring parts, which quickly heal, and, before the end of many days, may be able to receive an artificial substitute, except for the office of vision, in every respect perfect. Fistula lachrymalis, which was formerly with justice regarded as an opprobrium of Surgery, and admitted of treatment only by the clumsy expedients of tubes or styles permanently retained in the duct, is now, through the ingenious suggestion of Mr. Bowman, no less easily than effectually remedied by slitting open the canal from the inferior punctum, so as to obtain room for the passage of probes sufficiently large for removing the obstruction. The distressing deformity of squinting, also, which was formerly deemed incurable, is now subject to an operation that, when properly performed, leaves nothing to be desired. Then, the different sorts of nasal polypus are accurately discriminated, and when proper for extraction, instead of being nibbled away by the repeated application of clumsy forceps, are attacked by instruments sufficiently small for being insinuated to the point of attachment, and thus removed entire. Enlarged tonsils, too, no longer permitted to torment the patient by frequent sore-throat, impeded respiration, and husky voice, are readily removed by the simple means of a hook and knife, which are infinitely better than any of the complicated apparatus that has been contrived for this purpose.

"But the most remarkable evidence of progress in this situation is afforded by tumours of the jawbones, which were formerly dug out from the centre towards the circumference, without the slightest prospect of any better result than frightful deformity and increased activity of the morbid growth. It was, therefore, a great improvement which accomplished removal by dividing the bone beyond the part affected when it was known to be sound. My attention was early directed to this subject by

my respected friend, the late Mr. Cusack of Dublin, who adopted the new method before it was employed in either England or Scotland. I had thus an opportunity of performing the operation upon a very remarkable case, after it had been dismissed from the Royal Infirmary of Edinburgh, and also by Mr. Liston, as incurable. Some years afterwards, on the 15th of May 1829, I removed the superior maxillary bone, for the first time in Great Britain, upon the same principle of cutting through the sound bone beyond the confines of the disease. It would be difficult to estimate the number of lives that have been saved by these operations; and I beg to express my hope that no love of change, or desire to act the part of an improver, may ever resuscitate the old system of operating, with its chisels and gouges, and abortive efforts to accomplish what can be done effectually only in another way.

"Descending from the head, we come to the neck, where the first difference between old and present practice that presents itself is in regard to the operation for admitting air into the lungs. Within my recollection it was rarely performed, and still more rarely, if ever, with success, the reason of which was twofold. For, in the first place, the tube employed was so narrow that, independently of obstruction from mucus in its cavity, there was not space sufficient for the passage of air; and, secondly, instead of being introduced into the trachea, it was thrust between the cartilages of the larynx, too near the seat of disease for rendering any service. It is needless to say how different the case is now, and how frequently life is saved by the timely performance of tracheotomy. But as it may not be generally known that we are indebted to Mr. Liston for the wide, conical, and slightly-curved tube so generally in use, the circumstance which suggested its contrivance seems not unworthy of notice. This was the case of a gentleman nearly related to myself, who suddenly suffered from obstructed respiration, which, having resisted the ordinary means of treatment, urgently required an opening into the air-passage. Mr. Liston, finding that the tubes in his possession were quite useless, cut off a portion from the extremity of his largest catheter, and inserted

it into the trachea. Soon afterwards a case of œdema glottidis occurred, and afforded time for making the requisite preparation, when tubes of the present form were contrived, and found to answer the purpose perfectly.

"Cancer of the tongue has always been regarded as a very unsatisfactory subject for surgical treatment, on account of the extreme tendency which the disease has to rapid return; but complete removal of the organ has been found productive of more lasting benefit than a partial operation, and, if supported by further experience, may perhaps be available for the relief of a condition otherwise so hopeless and distressing.

"The treatment of wry-neck has been greatly improved by the introduction of tenotomy, which was employed for this purpose long before its application to clubfoot. On 2d November 1832, in the Edinburgh Surgical Hospital, I operated by subcutaneous incision on a boy suffering from wry-neck with complete success, and the case so treated stands first in the records of British Surgery. This I mention to account for the interest which I have taken in tenotomy, and the regret which I feel in seeing so excellent a means of affording relief to a large extent withdrawn from the ordinary practice of Surgery by specialists, who, through the use of complicated and expensive mechanism, alleged to be requisite for the purpose, have been allowed, in no small measure, to appropriate its employment. But the members of our profession who tacitly sanction such an arrangement, and decline to practise tenotomy, may be assured that they must frequently withhold the assistance required when it would prove most useful, and, by allowing the evil to gain strength through delay, afford occasion for the requirement of apparatus beyond the reach of those who suffer from poverty as well as deformity.

"The thoracic region presents no more remarkable evidence of progress than that afforded by the method of treating serous cysts in the mamma, for which we are indebted to the late Sir Benjamin Brodie. Within my recollection there was hardly any attempt to discriminate tumours of the breast; and all of them, passing, as they did, under the title of scirrhus, were equally

supposed to require removal of the whole gland. But even after the distinction had been drawn between those that were malignant and those that, being of a simple or local nature, did not require the knife to go beyond the confines of their own extent, the cysts containing serous fluid were still believed to demand excision, until the late distinguished surgeon showed that mere evacuation of the contents, followed by a rubefacient applied to the surface, constituted an effectual remedy. I can bear ample testimony to the success of this treatment; and would only suggest that, instead of the lancet and embrocation employed by its author, a small trocar and blistering plaster will be found to facilitate the procedure.

"The radical cure of hernia, so long an object of desire in the practice of Surgery, has been at length to some extent attained by the method which Professor Wutzer of Bonn proposed some years ago, and the complicated apparatus originally employed having given way to more simple means, calculated to produce the same effect, the procedure is now within reach of any one who chooses to execute it.

"We now come to ovariotomy, which has of late been the subject of so much attention; and it will here, perhaps, be supposed that a claim for the honour of priority may be advanced on the part of Edinburgh, where the operation was first performed. But, to confess the truth, I fear that the northern metropolis, so far from deserving any credit on this account, should rather plead guilty to having invested the procedure with an aspect so repulsive as to impede rather than promote its adoption. It was brought forward by the same person who had proposed to remedy hypertrophy of the heart by blowing air into the pericardium, to puncture the brain in acute hydrocephalus, and to treat enlargement of the prostate by cutting out the entire gland; so that the profession in Edinburgh were not either disposed to adopt the excision of ovarian tumours, or at all surprised by the results of its attempted performance. From these it appeared that one woman was laid open from sternum to pubes without any tumour being found, that another so treated presented a mass of disease entirely beyond the reach of removal,

and that a third, after having what was supposed to be an ovarian tumour extracted, was found, on dissection a few days afterwards, to retain both ovaries in a healthy state. These and similar cases, so ludicrous if they had not been so shocking, led surgical teachers to conclude that the operation laboured under three serious objections:—1, The uncertainty of prognosis; 2, the difficulty of diagnosis; and 3, the danger of execution; whence it happened, that, notwithstanding more favourable reports that after a time reached us from Manchester, with the exception of a few cases, all of which proved fatal, no further attempt was made in Scotland to establish the procedure until a recent period, when the successful experience of some gentlemen in London, and more especially Mr. Spencer Wells, gave the matter an entirely new position. The objections originally entertained, with regard to both prognosis and diagnosis, have been in a great measure removed through the careful discrimination of cases; while the operative procedure has acquired a corresponding degree of perfection, and the results are so satisfactory that the proportion of deaths does not exceed from 30 to 35 per cent. The most successful operator in Scotland is my friend and former house-surgeon, Dr. Thomas Keith, who has operated in 32 cases, and lost only nine of his patients.

"Descending to the pelvis, we find a great improvement in the treatment of hydrocele through the substitution of iodine for port wine, which very frequently failed, and, when unfortunately allowed to enter the cellular texture, produced the most violent disturbance, constitutional as well as local, or even proved fatal. When there was no better alternative than this, it is not surprising that many surgeons clung to the method of incision, which even now, in some parts of the world, is still deemed the most expedient means of remedy; but every one who has witnessed the certain success, and freedom from unpleasant effects, which result from the injection of iodine, cannot hesitate in preferring it to any other mode of treatment. In order to obtain the good effect in full perfection, it is necessary that the tincture of iodine should be of proper strength, such as that of the *Edinburgh Pharmacopœia;* that the contents of the sac should be

completely evacuated; and that the fluid injected, which need not exceed two drachms, should be diffused over the surface by a rough shake. The advantage of this treatment is not limited to hydrocele, since it is equally efficacious for the remedy of all cysts containing albuminous fluid, such as those of the thyroid gland or other part of the neck, and also those met with on the trunk or extremities.

"Forty years ago diseases of the rectum, being very imperfectly understood, were regarded with no less horror by patients than apprehension by surgeons. Fistula in ano was believed to require division of the septum to its summit, however high up the bowel this might be, whence followed profuse bleeding, protracted dressing, and frequent failure, from the internal aperture not having been included. Internal hæmorrhoids, under the title of prolapsus, were viewed with especial dread on account of the hæmorrhage resulting from excision, and the inflammation apt to be caused by partial or imperfect ligature. Fissures and ulcers when recognised, which was seldom the case, were held to require a complete division of the sphincter; while an ample field for quackery was afforded by the belief that curable strictures existed high up in the colon. The state of practice is very different now, when fistula is easily and effectually remedied by an excision extending merely to the internal opening, and therefore so slight as not to require any dressing, or hardly any confinement; when internal hæmorrhoids, and all the discomfort of prolapsus are removed, no less safely than certainly, by ligatures comprehending the whole disease, and tightly drawn; when fissures and ulcers are known to require merely an incision no deeper than their base; and strictures, whether malignant or simple, are ascertained to exist only within reach of the finger.

"For removing stones from the bladder many attempts have been made to improve the process by cutting through, with little success, since, I believe, most surgeons are satisfied that the operation as performed by Cheselden is still the best for the purpose. But, during the period under consideration, another method of affording relief has been devised, improved, and, I may also say, perfected, so as to render the knife of comparatively

little value in the treatment of calculous complaints. Sir Astley Cooper's plan of extracting small concretions by means of curved forceps was soon followed by the introduction of straight tubes containing branches that expanded and held the stone, which was acted upon by a central drill. This lithotrity, in its turn, gave way to the safer and more efficient procedure of lithotripsy, by which the calculus, instead of being attacked from the centre, was broken into fragments by external compression,—at first, through the force of a hammer, and afterwards, through that of screws differently applied. From the improvements that have taken place in these instruments and the mode of using them, there seems reason to hope, that patients who apply for assistance before the disease has advanced too far, may in general obtain relief without submitting to lithotomy, which, however well performed, must always be regarded in adults as much more formidable than crushing; while, in children, the absence of a developed prostate renders cutting perfectly safe.

"During the last forty years few surgical derangements have attracted more attention, or been the subject of more keen discussion, than stricture of the urethra. It would be no less tedious than unprofitable to review the controversies that have hence arisen; and it will be sufficient for my present purpose to consider the various modes of treatment under some general heads, to which they may be referred. These are—1. Caustic; 2. Dilatation; 3. Internal incision and rupture; 4. External incision. But before inquiring into the merits of particular remedial measures, it may be proper to remark that two pathological facts, ascertained in recent times, have had an important bearing on their application. It was formerly supposed that strictures were frequently impermeable, and consequently limited with regard to the means of relief, but they are now known always to admit the introduction of instruments, if sufficiently small and properly guided. It was also supposed that the seat of contraction lay most frequently in the membranous part of the urethra, while we now know that it is almost always anterior to the bulb.

"The treatment by caustic has been so generally abandoned,

and labours under so many objections, that it need not detain us at present. The process of dilatation may be conducted in three different ways, each of which has its respective advocates, and which may be distinguished as the gradual, speedy, and sudden methods. The first is effected by the gentle passage of bougies at considerable intervals of time, so as to induce absorption of the thickened texture that causes contraction; the second is accomplished by keeping a succession of gradually-enlarged catheters in the bladder; and the third is completed at once by a sufficient amount of mechanical stretching. By the first of these methods, in the great majority of cases, perfect and more or less permanent relief may be obtained, while the two latter are apt to produce only a temporary advantage by leaving the texture in its original state, and ready to contract when relieved from distention.

"The plan of remedying strictures by internal incision or rupture has called forth an infinite variety of ingenious contrivances for accomplishing the object in view. Of these, the instrument brought into use by Mr. Holt appears to be the most efficient and safe when properly employed, but, like others of a similar kind, labours under the objection of requiring, previous to its use, such a degree of dilatation as in general yields readily to the simple bougie. It also cannot ensure complete division of the contracted texture, as I have seen in a stricture at the orifice, where the largest instrument produced merely stretching of the part, and my experience would lead me to believe that a similar condition may exist at other parts of the canal.

"The remedy of strictures by external incision has long seemed to me the best way of affording relief in cases not amenable to simple dilatation. It met with strenuous, I might almost say intemperate opposition, but has kept its ground, and will, I believe, continue to prove useful in cases of particular obstinacy. In cases anterior to the scrotum, it is best executed by subcutaneous incision, and whether here or elsewhere, may be performed upon a director of the smallest possible size, which greatly adds to its value.

"With regard to the female organs, the most remarkable

change that has taken place in the way of improvement is in the treatment of vesico-vaginal fistula, which was formerly held to be nearly, if not altogether incurable, and is now remedied no less easily than certainly, through means of silver sutures, for the introduction of which we are indebted to Dr. Marion Sims. But our American brethren have laid us under a still more important obligation by the great discovery of etherisation, or the induction of insensibility by respiration of an ethereal vapour. To Drs. Morton and Jackson of Boston we owe this procedure, which has so wonderfully facilitated the practice of Surgery, and divested it of its most painful features.

"In conclusion, Mr. President and Gentlemen, I beg to express my hope that, from what has been said, Surgery will not appear to have stood still or pursued a retrograde course during the last forty years; but, on the contrary, to have been improved in many important points of practice, and to hold out the prospect of further advance; so that when, forty years hence, some senior member of the Association shall take a similar retrospect, he will find no lack of materials for illustrating the march of progress."

In August 1867 we again find Mr. Syme in Dublin attending the meeting of the British Medical Association there. Sir Dominic Corrigan, Bart., delivered the opening address; Professor Stokes being the President for the year. The address on Surgery was given by Professor Smith, and Mr. Syme was called upon to propose the vote of thanks, which was seconded by Mr. Bowman.

"Mr. Syme expressed the satisfaction he felt in listening to an address, which was not one of abstract ideas and vague sentences strung together; but Dr. Smith had directed their attention to a special subject of surgical practice, and brought to bear upon it the lights of his long and large experience. He hoped that what had fallen from Dr. Smith would not be without its

results to the profession at large. He begged to propose, what he was sure they would all most cordially agree to, viz.—

"That the cordial thanks of this meeting be given to Professor Smith for the very able and valuable, (and I shall beg leave to add) most eloquent address."

On Thursday, 8th August 1867, at an extraordinary meeting of the members of the Senate of the University of Dublin, held in the Examination Hall of Trinity College, honorary degrees in Medicine were agreed to be conferred on the following distinguished members of the profession :—

Dr. Acland, Mr. Bowman, Mr. Paget, Mr. Ramsay, Mr. Sibson, Professor Syme, Sir James Simpson, and Dr. Teale. The Right Honourable Judge Keating, as Pro Vice-Chancellor, presided. Dr. Stokes introduced the candidates, and in presenting the subject of this memoir said—

"he had now to introduce Professor Syme of the ancient University of Edinburgh, and in doing so, he would only borrow the words of one of their own professors, which were uttered a short time ago in that hall, that he was a gentleman to whom might be attributed that he bore the sceptre of Surgery in Edinburgh."

Mr. Syme replied in a suitable speech, expressing his entire satisfaction at the great efficiency and celebrity of the Dublin school of Surgery. Thirty years ago, when he came here first, he formed the highest opinion of the school, and the progress of years had not induced him to change it.

The same afternoon, the President, Vice-President, Council, and Fellows met at three o'clock, for the pur-

pose of conferring on Mr. Syme and Mr. Bowman the Honorary Fellowship of the Royal College of Surgeons of Ireland.

The President (Dr. Robert Adams) having entered the board room, and taken his seat, Mr. Syme and Mr. Bowman were presented to him. He then said—

"Mr. Professor Syme and Mr. Bowman, you have been made aware of the circumstance, that on the 1st of August you both have been unanimously elected Honorary Fellows of the College by a resolution of the Council. We now avail ourselves of your presence in our city to put into your hands our diploma. We feel that in this place it would be quite unnecessary to state our reasons for so acting or to add what you have done for the advancement of the science and art of Surgery. Both of your names are interwoven into the progress of Surgery, and the shelves of the library of our College have long contained your several works. By handing to you these diplomas, and adding your names to the scanty, or rather *recherché* list of Honorary Fellows, we give the best proof of the estimation in which you are both held in the College. By so acting, we express a wish to do you an honour, and cannot doubt but at the same time the College itself will be really honoured by having added to its list of Honorary Fellows the names of two such men as those of Professor Syme and Mr. Bowman. I cannot conclude without congratulating you both on the eminent positions you have attained, the one in Edinburgh, that revered seat of learning and scientific medical education, and the other in London, the capital of the world; and may I add that I feel happy that, from the circumstance of my being now President of this College, I have thus been afforded the opportunity of being the medium of communicating to two valued friends the greatest distinction this College has to bestow."

The diploma of fellowship, enclosed in handsome morocco cases, was handed to Mr. Syme and Mr. Bowman, amidst loud applause. Mr. Syme then said—

"Mr. President and Gentlemen—Many years ago, when little more than a student, I happened to be present when the foundation stone of this magnificent building was laid by the Marquis of Wellesley, and then very little anticipated that within its walls I should now receive such a distinguished honour as that which you have been pleased to confer upon me. I fully appreciate its value, and beg you will accept the assurance of my deepest and sincerest gratitude."

Mr. Bowman replied in suitable terms.

Soon after this a most admirable pamphlet appeared in New York, entitled "Mechanical Surgery," by D. E. D. Hudson of that city. It especially illustrates, among other points, the great value of Professor Syme's amputation at the ankle-joint, and the high opinion entertained of it by the principal surgeons of America.

"No amputation," says he, "of the inferior extremity can ever compare in its value to the subject with that of the ankle-joint originated by Mr. Syme. Twelve years of experience with that variety of operation have afforded me assurance that it is 'a fact complete,' not capable of being improved in its general character. It is scientific, practically of the utmost use, and subservient to the best interests and happiness of the patient. . . . No other operation has resulted so beneficially and satisfactorily. The subjects of such an amputation scarcely realise their loss; with legitimate appliance they appear every way whole. The sensations of the stumps are normal; the articular surface and thickened tissues are accustomed to the hardest service and to bear the heaviest burdens, which with apparatus enables the patient to engage in his accustomed walks and avocations with unabated naturalness and endurance. One gentleman, for whom I applied a foot, has walked thirty-five miles in a day on a hunting excursion, while his companions did not suspect that he was otherwise than whole. . . . It is an operation that has for its support the soundest principles of surgical economy. . . . I have been led to a very great interest and advocacy of Mr.

Syme's method, by a regard for the humane principles of rational conservatism, and by the numerous cases of ankle-joint amputation which have demonstrated to me the superior utility of that operation to any amputation of the leg, or any modification of the general one of Mr. Syme. Of fifty recent cases which have come into my hands for final treatment by mechanical means, not one has failed of a highly gratifying success. . . . I never have a patient of a Syme amputation make use of a cane, nor walk in any other than the most natural gait."

The following is the expression of a committee of the medical members of the Sanitary Commission on the subject of amputation of the foot and ankle, viz.—

"Of the amputation through the tarsus or at the ankle-joint, preference should be given to Syme's operation, as affording a minimum mortality, with a stump best adapted to an artificial limb. An artificial limb may be applied to a Syme's stump which both relieved deformity, and renders the patient's gait free from the slightest halt.

"STEPHEN SMITH, M.D., *Chairman.*
VALENTINE MOTT, M.D.
GORDON BUIK, M.D.
JOHN WATSON, M.D.
ALFRED C. POST, M.D.
WILLARD PARKER, M.D.
ERNEST KRAKOWIZER, M.D.
W. H. VAN BUREN, M.D."

At the meeting of the General Medical Council for session 1868, Mr. Syme took action in the cause of Medical Education by moving as follows :—

He said, "Mr. Chairman—In moving the resolution of which notice has been given, I feel in great fear and trembling ; indeed, I should feel bound to offer an apology for undertaking so serious a responsibility, unless that it were from my long

experience as a teacher and examiner, I may be supposed to be able to speak with some confidence with regard to the question. The Medical Act which constituted this Council charges us with three important duties—first of all, to keep a register of all properly qualified practitioners; secondly, to superintend the construction of a Pharmacopœia which shall be sufficient for all three departments of the United Kingdom; and, thirdly, to frame a system of regular Medical Education, so that no admission shall be obtained into the ranks of practice without a due and stated examination. Now the first two of these duties have been discharged, and I believe they have been discharged to the satisfaction of the profession, notwithstanding the objections that have been occasionally taken upon the subject. With regard to the third, we have proceeded most laboriously and anxiously, and I think, as far as the preliminary education of medical men is concerned, we may be considered as having done all we can. Any one comparing the qualifications of candidates now with what they were ten years ago, must be astonished; and, I think, no one can presume to say that the Medical Council have been of no use, if it were for that alone. I say, so far as we are concerned, all has been done that can be done, because undoubtedly there is something yet to be done—which is to lessen the number, and to bring to more equality, the means which are employed to ascertain the qualifications. There can be no doubt that from the number of those boards before which students are brought, there is too great a variety in the qualifications which are required; but that is a matter over which we have no control. It is for the examining bodies themselves to alter that. It may also appear so with regard to professional education; but I think we have nearly completed all we have to do upon that subject. In our session of last year we agreed upon nearly all the subjects which were to be held necessary. But there are still some points which we have to consider: one of these is with regard to the best way of teaching the different subjects; the second is as to the order in which they should be studied; and the third is as to the best way of conducting the examinations. Upon these three

points a great variety of opinion exists in the Council, and if there is great diversity of opinion in the Council, there must undoubtedly be very great diversity of opinion out of the Council; and if some agreement can be come to as to some of the points mentioned by the Council, and communicated to the profession, great benefit must accrue. I would propose that the committee be composed, not of members who all take the same view of these matters, but of those who take opposite views; they could then compare their ideas, and upon some of the points would arrive at a conclusion which would meet with the approbation of the Council, and would go out with its sanction. I now propose to advert shortly to these different points. And, first, as to the means of teaching. There are two great errors with regard to teaching. The first is, that teaching implies learning, and that learning is the same as committing to memory. The act of learning or acquiring new ideas is an act of the mind, no less essential for the purpose than the acts of digestion and assimilation are for the nutriment of the body; and you can no more make a man learn by the mere statement of facts and opinions, than you can make a man strong by filling his stomach with food. Nevertheless, many teachers, forgetting this, believe they are discharging their duty when they set out masses of detail, no sooner heard than forgotten. The predecessor of Dr. Christison in that chair which he now so ably occupies, was a gentleman of great talent and learning, but he was the worst teacher who ever occupied a professor's chair. That gentleman, the late Dr. Duncan, was very kind to me, and allowed me, when but a mere student, to express my ideas with perfect freedom on topics which happened to be under conversation. He would say that he thought the duty of a medical teacher was to mention everything which it was proper the students should know. He thought the teacher should tell the student all he ought to know, and made no allowance at all for his own powers of observation. I replied to Dr. Duncan that it seemed to me the duty of the teacher was entirely different, that he ought to give the student a general outline of the subject to be studied, to remove the difficulties opposing his

progress, and endeavour to call forth all his energies. Those are the opinions which I expressed to Dr. Duncan nearly half a century ago, and I have always maintained them as my idea of the duty of a teacher. Dr. Parkes entertains views of a very different kind; his opinion is that a student should not proceed from generals to particulars, but from particulars to generals; that when he begins to study Chemistry he should begin by performing experiments, and when he proceeds to Physiology he should begin by looking through a microscope, and when he studies Surgery he is to commence by acquiring the names of the symptoms of the diseases most frequent. That is very much the same course as if, in the exploration of a new continent, the traveller, instead of ascertaining its situation, its extent, the ranges of its mountains, the rivers flowing between them, and the towns upon their banks, were to sit down upon the sea-shore and commence counting the grains of sand. Dr. Parkes is a great advocate for the tutorial system. I am sorry to differ from Dr. Parkes again on this point, for of all contrivances for obtaining the object in view the tutorial system is the worst. If cramming is the object you have in view, then the tutorial system is the best you can adopt; but if the object is the acquirement by the student of real knowledge, then that system is bad. Dr. Parkes would treat medical students as infants, and supply them with wet-nurses. I regard them as men, young men it may be, but still men devoted to their profession and anxious to learn it, and I would take means that they should thoroughly understand each of the subjects recommended, but only up to a certain point. I should not attempt to make them botanists or anatomists, or physiologists, but I would teach what was necessary for the object they have immediately in view—namely, to qualify themselves as members of the medical profession. (Hear, hear, from Dr. Parkes.) I am very glad to find that my friend Dr. Parkes is in accord with me upon this point. It may be said that this is taking a low and degrading view of the subject, and I may be asked, Why not educate up to the highest point upon scientific subjects? But I will remind the Council, although I feel they do not require to be reminded of it,

that all that can be got in the way of scientific attainment at college, when compared with the progress that is made by the absolute prosecution of a science—I mean by the concentration of mind and the devotion of individual faculties to a subject, is no more in comparison than the germination of a seed contrasted with the growth of a plant. It puts me in mind of the story which is told of a lady who, when asked what she meant to do with her second son, replied that she was educating him to be a bishop. Now it is just as difficult to bring a boy up to be a medical man as it is to educate him for a bishop. One important thing is to give him the means of learning what is necessary for him in after life, and then, if he be a genius who is destined to attain a great position in after life, he will have a good foundation to start upon. One way in which science might be promoted with regard to teachers was by connecting it with the honourable office of teaching. Dr. Parkes in his report has complained of the manner in which teaching is generally conducted. In my opinion the reason of that is that schools are too much divided. In this metropolis almost every hospital has its own school, and in the provinces scarcely a large town but has one or more schools of medicine; the consequence being that students are so much scattered about the country, that teaching has come to be thought scarcely worth being the object of any man's ambition, and it is accordingly a well-known fact that throughout this country the great mass of teaching is conducted by men not as a permanent object, or an aim in life, but merely as a step to something better. In Scotland these things are managed more rationally. We have not a single provincial school. We have three great seminaries at Edinburgh, at Glasgow, and at Aberdeen; and professors are appointed—not with any very large emolument, but still with sufficient for men to live upon. It is also considered a post of honour and respect; and when a man is once placed in a Professor's chair he rarely thinks of leaving it, or making it the stepping-stone for something better; but instead of that he makes it the business of his life. I need only refer to one friend of mine who has held the chair of *Materia Medica* for forty years, and is teaching now with the same vigour as he did at the

commencement of his career. He has a large consulting practice besides; but still he has no intention of throwing up his professorship, and he is still doing good to the school with which he is connected. The great evil of these small schools of medicine is not only that there is inadequate remuneration for the teachers, but that it is impossible to teach efficiently a small number of students. Both teachers and students feel the want of that stimulating force to their energies which the late Sir William Hamilton has so well called 'the magnetism of numbers.' Every one must have noticed this. It is notorious that observations which, addressed to a small number of students, make scarcely any impression at all, and are scarcely listened to, would be received with the greatest enthusiasm when addressed to a crowded audience. I therefore maintain that one of the things which we ought, if possible, to do, is to concentrate the means of instruction, and to abolish the whole of those provincial schools. Upon this question of teaching, I think the Council should put itself into communication with men of experience in teaching, and take the opinions of the chief chemists and anatomists—(hear, hear); we should then consider what is the proper amount that could be fairly and thoroughly instilled into the mind of the student; and the next point would be as to the order of study. Those members of the Council who have not attended very particularly to this subject, may imagine that upon this point they are all agreed. Speaking generally, that may be so; but there is yet much to be done. We have at present so arranged the regulations of study, that the most convenient time for commencing a medical course is considered to be not the winter but the summer. The custom of Edinburgh is to attend lectures upon Botany and Natural History in the summer. In my opinion, the proper course would be to attend Botany and Chemistry at that season. When I was a student, there were very excellent three months' courses of Chemistry in summer, which I attended before going through a more lengthened course in the winter. Undoubtedly nothing can be better for a mind commencing its studies, practically a blank, than the study of Botany. It requires little effort; the student easily understands it, and likes it. But

with regard to Natural History, how can a student comprehend, for instance, Comparative Anatomy before he has studied the Anatomy of the human body? It is impossible for anybody to understand the one before the other. I asked my colleague, the Professor of Natural History, the other day, whether he had many beginners in his class, and he told me that it was principally composed of them. My friend, Dr. Parkes, holds that the student should know nothing of Surgery during the first two years of study. Now when you come to consider the importance of Surgery, and when you are told that half of the student's time must elapse before he commences it, I think you will agree with me that such a course is most inexpedient. I think some good might ensue if the opinion of the Council upon these subjects were made known. I now come, with fear and trembling, to my third point; and I say so because, with the greatest desire to stand well in the opinion of my friends around me, I have a painful foreboding that I am about to give expression to some ideas which will be repudiated by many, and regarded as unorthodox and bad. It has been said that nothing has so much improved education as the division of examinations into subjects. In the school with which I am connected there are four examinations; first, Botany, Chemistry, and Natural History; second, Anatomy, Physiology, Materia Medica, and Pathology; third, Surgery, Physic, Midwifery, and Medicine; and finally, Clinical Examination. The consequence is that every year the student is professing to be studying one thing while he is preparing to be examined in another; the effect of which, not upon his memory, but with regard to his real learning, I need scarcely ask you to imagine. He is unable to keep his mind in that healthy and vigorous state which is necessary for the true acquisition of knowledge. I must say, therefore, I entirely approve of class examination, where the student is examined upon the subject of his study. I entirely object to examining him in one year upon the matters which he has been studying in the previous year. Some men say that a great advantage is gained by allowing the student to disembarrass his mind of an amount of information which would interfere with subsequent studies. If the object of medical

education is to pass through difficult and complicated examinations, then I agree with this view; but then the knowledge is no sooner acquired than it is forgotten. I have had experience in these matters, and I know in many cases it is the custom of students when they have passed through a given examination to do exactly what the lawyer who has got through his case is in the habit of doing—throw it off their minds and apply themselves to something else. I have examined students who had passed through previous examinations with great credit, and were just about to take the highest degrees in Medicine, and I have found some of them lamentably ignorant of some of the commonest principles of Anatomy. It is said the benefit of dividing examinations is that it is impossible for the student to retain so many subjects in his mind over a period of four years. My desire would be to see the student examined at the end of his course. I know it is said that the student cannot carry all that he has to learn in his mind. Why, do we not all desire that he should carry his knowledge through his professional life, which would, perhaps, extend over forty or fifty years, and during which time he would undoubtedly require it? And is it to be said, then, that at that early period of life, when memory is most vigorous, he cannot retain it for four years, and that, therefore, he must be examined by instalments, and be allowed to throw away his learning, portion by portion, after being crammed up to the very utmost for the mere purpose of passing this wonderful examination? I do not say this from a mere theoretical point of view. I have been now for many years very intimately acquainted with the feelings and wishes of students, having endeavoured to ascertain the opinions which they hold. In conclusion, I hope the members of this Council will give an expression of their opinion upon this subject. I know that that opinion is divided, and it is upon that ground that I move for the appointment of a committee."

'Dr. ANDREW WOOD seconded the motion. It was a subject of the greatest importance. If Dr. Parkes was right, Mr. Syme must be quite wrong in his conclusions; and if there were such a disagreement amongst the members of the Council, it was

clearly desirable that the matter should be referred to a Committee.

This motion of Mr. Syme's was opposed by Sir Dominic Corrigan, who introduced as an amendment—

"That a committee be appointed to consider and report in what order the various subjects of medical education, which have been deemed requisite by the Council, may be taught with most advantage, and how the examinations on them ought to be arranged."

He objected to any interference on the part of the Council with the mode of tuition, holding that the examinations by the licensing boards should be the test of efficient instruction.

Dr. Storrar seconded this amendment. The discussion was prolonged over two days, the following members of Council speaking, some in favour of Mr. Syme's motion, and others in favour of the amendment:—Dr. Parkes, Dr. Allen Thomson, Dr. Haargrave, Professor Sharpey, Dr. Aquila Smith, Dr. Embleton, Dr. Bennet, and Mr. Cooper, Mr. Cæsar Hawkins, Dr. Stokes, Dr. Paget, Dr. Quain, and Dr. Fleming.

Mr. Syme, in reply, said—

"He never intended that the opinions of the Council should be addressed to the licensing bodies in a tyrannical way, but rather in a fraternal way. The fact of the diversity of opinion in the Council upon some of these points was an argument for a committee, but he could not help thinking that there was something like unanimity with regard to a great portion of the matters which he proposed to be submitted to that committee. He quite agreed that the committee should not be required to report until next year's session. Sir D. Corrigan had said several things in moving his amendment to which he

(Mr. Syme) felt a strong desire to reply, but forty-eight hours having elapsed, and the time of the Council having been so long occupied, he would pass them over with the exception of one. Sir D. Corrigan had represented him as saying that he desired to establish a monopoly in medical teaching. All he had said, however, was that at present the schools seemed to be too numerous both in town and country, and that they should be restricted to a number which would allow the students to confer such an adequate remuneration upon teachers as would enable them to get men distinguished in the different branches of medical science ; and also that the students should be sufficiently numerous to create that spirit of emulation which was found to be so wholesome in all educational bodies. In such towns as Leeds, Birmingham, Manchester, and Liverpool, where there were large and admirable hospitals, no doubt there would always be found men able to undertake the post of teachers and students, and sufficient remuneration to make it worth their while. The ground upon which Sir D. Corrigan proposed to leave out the first proposition of the resolution—namely, that there was no chance of coming to any agreement upon it—was the strongest argument for the appointment of a committee to consider it, and he trusted therefore, the Council would agree to take that step."

The amendment was lost by 13 to 7. The motion was then put to the vote and carried. The Committee appointed were :— Mr. Syme (Chairman), Mr. Cæsar Hawkins, Dr. Acland, Dr. Andrew Wood, Dr. Thomson, Dr. A. Smith, Mr. Haargrave, Dr. Apjohn, Dr. Sharpey, Dr. Parkes, Dr. Christison, and Dr. Stokes.

In 1868 Mr. Syme was again Promoter of the Medical Faculty of the University of Edinburgh, and had to give the annual address to the students. It took place in the Assembly Hall, and after the students had received their degrees, he addressed them as follows :—

" For my own part, I am not willing to lose this opportunity of saying something that may be of use to you in entering upon a new field of exertion. You came into this room as students,

and are about to leave it as members of the medical profession. What has hitherto been the great object of your ambition is therefore now accomplished, and, knowing the long laborious course which has led to this result, I beg to offer my sincere congratulations. The next object before you is to obtain success in your profession ; and with reference to this I may offer some suggestions. In the first place, it will be proper to ascertain what is implied by your diploma beyond the title which it confers. It professes to give you '*potestatem amplissimam*' to practise your profession over all the world, but will hardly be found to do so. *Potestas* has two meanings, one being the power or ability to do a thing, and the other legal authority for doing it. Now, that the latter meaning is not trustworthy may be ascertained by the simple experiment of crossing the Channel from Dover to Calais, and entering upon practice there, when it will be found that your *potestas* affords a poor protection against the penal clauses of French law ; while as to the other meaning I need hardly say that no piece of parchment can convey the power of properly treating disease. The truth is that this document gives you a legal title to practise your profession in all parts of her Majesty's dominions, and testifies that the University of Edinburgh has qualified you for the practical study of your profession. We have taught you the structure of the human body, the uses of its various parts, the derangements to which they are liable, and the principles that guide the administration of remedial means. We have also shown you how to discriminate disease. But the whole of this instruction must be regarded as introductory to your own exertions in the practical study of Medicine and Surgery, which alone can qualify you for efficiently discharging the duties of your profession. You should lose no time in connecting yourselves with dispensaries or hospitals, or private practitioners, as their assistants, so as to obtain opportunities of closely watching the progress of disease, and make every case a careful study by discriminating its symptoms, investigating its history, and observing the effects of treatment. Proceeding thus, you will step by step gradually acquire the familiarity with morbid conditions that renders practice easy and

safe. It has often been said, on high authority, that a healthy state of mind requires variety in the subjects of its exercise, and this may be very true in most circumstances ; but for some years to come I am quite sure that nothing can tend so much to your success as concentration of thought on the cases of patients. You should think of them morning, noon, and night ; and if you dream of them, it will be so much the better. Money-making ought hardly to be expected in the early part of your career, and would be no criterion of success, since, as in the case of thriving plants, it is of more consequence that the roots of your character should strike deep in public confidence than that there should be a premature production of flower or fruit. Having now given my advice as to what you ought to do, I may next offer some suggestions as to what you should avoid doing ; and here I would mention, in the first place, quarrelling with your brethren. It is said that our profession is quarrelsome ; and no doubt it is so, which need not excite surprise when its peculiar circumstances are considered. The clergyman has his Confession of Faith and Articles of Belief, which, having been duly signed, it is his duty to teach without any alteration. The lawyer has his Acts of Parliament and his records of decisions, according to which he pleads the causes of his clients, and the judge decides them. But we have no such fixed rules of conduct, since the principles which guide our practice are left to our own free choice, and may be changed as often as we please. There hence ensues a great diversity of sentiment as to what is best for our patients, and the interest we feel in them is apt to intensify such differences of opinion into personal animosities, for which the ungrateful public, on whose account we quarrel, give us blame instead of credit. Another source of dispeace is the want of harmony that too frequently exists between the senior and junior members of our profession. The older gentlemen, knowing the importance of a long and large experience, naturally regard the opinions of their younger brethren as of questionable value, while the newly-fledged doctor, issuing from his school with all his new nomenclature and theoretical improvements of modern

science, does not always pay the respect which is due to age. There is thus a tendency to dogmatism on one side and presumption on the other, which may prove not only hurtful, but fatal to friendship. Being thus so much exposed to causes of estrangement, you should recollect that in the character of every man there is a mixture of good and evil—so that, if you quarrel on account of the bad, you must lose the benefit of what is good. Instead, therefore, of resenting, or still worse retaliating, the offences of which there may seem reason to complain, you should bear them with a charitable and forgiving spirit, recollecting that, as you of course are no exceptions to the general rule, you cannot expect allowance to be made for your failings unless the same indulgence be extended to those of others. The next error against which I have to warn you is getting into debt, which may seem hardly necessary, as every one knows the impropriety and inconvenience of incurring pecuniary obligations beyond the power of liquidation. But as you may not be aware of the peculiarly disastrous effect which embarrassment of this kind has upon our calling, I think its baneful influence should be clearly explained. The practice of medicine and surgery, when properly exercised, may be truly styled a noble profession, worthy of the highest talents and most honourable disposition, but when pursued merely for the sake of gain, without the control of moral principle, is apt to degenerate into the lowest and basest of trades. Hence the quackery which, I regret to say, flourishes within as well as beyond the pale of the profession; hence the cunning tricks for inveigling patients into the meshes of scientific empiricism; and hence the dishonest practices, ostensibly for the benefit of patients, but really to put money into dirty pockets. Now, the great cause that leads to this perversion of faculties is the pressure of pecuniary difficulty, which, by destroying independence and self-respect, exposes to the influence of mean considerations, and renders all motives secondary to the acquisition of money. In the present upright and honourable condition of your minds, you perhaps feel surprise or even indignation at being supposed capable of such misconduct, but you may be assured that it is hardly possible

for the strongest resolution to resist the blighting temptations of debt when the opportunities for following evil courses are so great as they are when presented by the confidence of patients in their medical attendants."

Mr. Syme was the first representative of the Universities of Aberdeen and Edinburgh in the Medical Council. His period of office having expired, and the choice of reappointment lying with the Privy Council, they elected Professor Macrobin of Aberdeen in his stead. But it was generally felt that his absence from the Medical Council was a great loss, as he had taken from the first an active and powerful part in its proceedings.

As Dr. Burrows was about to retire from the President's chair, Mr. Syme was generally looked upon as the individual on whom the choice of the Council would fall. The following quotation from the *Medical Times and Gazette* will show the feeling that then existed :—

"A short time ago it was announced that the Universities of Aberdeen and Edinburgh, which are jointly entitled to return a member of Council, had differed in their selection—Aberdeen naturally claiming the privilege of returning one of its professors, while Edinburgh was desirous of continuing to avail itself of the services of Mr. Syme. The Privy Council decided in favour of Professor Macrobin of Aberdeen. Mr. Syme has been from the first a most useful member of Council, and during last session moved for the appointment of a committee to consider the whole subject of medical education. Of that committee he was made chairman, and it is well known that there is a general feeling of regret that the Council should be deprived of his services, especially at the present juncture. To obviate this a movement has been set on foot to elevate Mr.

Syme to the chair (in the Medical Council) about to become vacant, and it has already met with considerable support.

"There is now no doubt that Mr. Syme will be proposed for the high office to which he is entitled from his high position as a surgeon, and also (still young corporeally and mentally) from his being one of the oldest teachers, if not the oldest, in Europe. The only possible objection to Mr. Syme might arise from his not being resident in London; but in these days of telegraphs and railways, Mr. Syme's presence could be secured whenever required. And from his not being liable to professional calls when in London, he would be able to preside over the deliberations of the Council with even more regularity than a London physician or surgeon. It is a gratifying fact that among the foremost to recognise Mr. Syme's claims have been some of those between whom and the Edinburgh surgeon some of those little passages of arms have occurred, which, although they enliven the meetings of Council, and seem very warlike when read in the reports, are seldom if ever carried beyond the walls of the Council, or suffered to interrupt private friendship."*

This proposal was destined never to be carried into effect, in consequence of Mr. Syme's illness. But at this time he was young in mind, as he was apparently in body, in the zenith of his professional fame and practice, and, although indifferent about honours or rewards, and independent of either, we nevertheless find that his devotion to Surgery, and the improvements he had introduced into the practice of it, had everywhere attracted the notice of the medical faculty throughout Europe, and were being fully recognised on every side. At this time Mr. Syme was Surgeon in Ordinary to the Queen for Scotland, Member of the General Medical Council for the Universities of Aberdeen and Edinburgh, Knight

* *Medical Times*, January 23, 1869.

of the Danish Order of the Dannebrog, Hon. Member of the Royal Belgian Academy of Medicine, Hon. Member of the University of Bonn, Hon. Member of the Russian University of Cracow, Foreign Associate of the Surgical Society of Paris, Hon. Member of the Medical Society of Hamburg, Hon. Member of the Medical Society of Stockholm, Hon. Member of the Medical Society of Bombay, Hon. Member of the Medical Society of Athens, Hon. Member of the Medical Institute of Egypt, Hon. Member of the Royal Medical Society of Edinburgh, a D.C.L. of Oxford, Hon. Fellow of the Royal College of Surgeons of Ireland, an Honorary M.D. of Dublin University, a F.R.S.E., etc. etc. etc.

But of all the distinctions he possessed, there was none of which he felt more justly proud, as there was none with which his name will be more closely associated by posterity, than the Professorship of Clinical Surgery in the University of Edinburgh.

CHAPTER XI.

Historical Sketch of Medical Polemics.

THE History of Medical Polemics would form a curious and instructive volume. The "Odium Theologicum," which has always been characterised as involving much bitterness of spirit, does not seem to have been a whit more intolerant than the "Odium Medicum."* In the latter profession it may be considered even less excusable than in the former, for while theological disputes deal with matters of conscience, medicine only embraces a belief in certain theories and the practice resulting from them. No doubt personal animosities often creep in to embitter the whole, and make the cup of polemical discussion run over. Yet such disputes are not of the present century only, but have existed from the earliest days of medical science.

"Those to whom this subject is new," says Dr. Gregory,† "will find it less surprising and more credible if they will con-

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* Physicians have never yet carried matters so far as the Dominican monks of Spain are said to have done in their disputations, for when they could not convert their adversaries they burned them alive.

† Memorial to the Managers of the Royal Infirmary. By James Gregory, M.D., Professor Practice of Physic, University, Edinburgh. 2d edit. 1803

sider what is well known with respect to religion, and the numberless keen controversies to which it has given rise. Even with the aid of the Holy Scriptures to enlighten their understanding, determine their faith, and soften their hardness of heart, theologians have differed rancorously on a thousand points. What better, then, could be expected of physicians and surgeons when left entirely to the faint light of their own reason to lead them through the vast wilderness of medical science?"

I fear Dr. Gregory forgot, in the above quotation, that in blackening the clergy he did not whitewash the physicians; for, as we shall find, controversies on medical topics have been carried on as early, for as lengthened periods of time, and with as much unyielding bitterness, as any theological dispute ever was. Up to the period of the Christian era, the doctrines of Avicenna, the father of the Arabian School of Medicine, were generally accepted by practitioners, whether lay or ecclesiastic. But soon after this the great system of Galen was introduced. This system, which was directly opposed to the teaching of the Arabian school, took root, and soon attracted so many determined adherents that it continued to flourish in various countries for a period of 1500 years. But long before the disciples of Galen had beaten their adversaries, the Arabians, out of the field; both parties were violently assaulted by the Chemists, whose leader, Paracelsus, actually committed to the flames the works both of Avicenna and Galen as being unworthy of belief. No doubt there was, and ever will be, a charm in the explanation by means of Chemistry of the nature and causes of the phenomena of disease. The disciples of Paracelsus may thus be said to include the modern School of Medicine. But before the Chemists

were well seated in their honourable position as the leading sect in medicine, they were set upon by the mathematical physicians, who gave no quarter. Then followed Stahlians, Hoffmanians, Bœrhavians, Cullenians, and others. It has always appeared to us that the whole theory and practice of medicine can have been little more than chance work up to the discovery of the circulation of the blood. The most confused ideas existed in the minds of even the most famous professors in the different universities as to the manner in which this most important change was conducted, and it is impossible to conceive that, without a knowledge of this, medical theories or practice can have been anything more than theoretical speculation. Harvey completed his immortal discovery in 1628, and it may be said to have been accepted by the world in 1650. He lived to see it everywhere taught and believed, and to witness the revolution it accomplished in practical medicine.

Reference has been made to the polemics of the fathers of medicine, but we need not go so far to show this spirit of controversy. Towards the close of the last century and the beginning of the present, medical polemics never probably ran higher. Every new theory or mode of practice was made the subject not only of disputation but as often of caricature.

Thus the use of bark in ague had been disputed for more than a hundred years, some declaring emphatically their belief, and others their disbelief, in its efficacy; and yet it has proved itself to be the remedy on which all physicians place confidence in the treatment of this disease.

On the other hand, the use of mercury, which for 300 years was relied on as a specific in certain diseases, gave rise to no end of controversy, and has been now nearly abandoned. Blood-letting, introduced into professional practice by Botallus, the famous physician of Henri III. of France, soon became the rule in nearly all countries and kinds of disease. But some years afterwards, Van Helmont, a spirited controversialist, took a directly opposite view. He maintained "that bleeding from the arm in any case whatever was downright murder." Van Helmont died like a hero, of pleurisy, in which he would not allow himself to be bled. A letter written within twenty-four hours of his death announces his resolution rather to die than be bled. He kept his word, and in his own person presented an illustration of faith in a theory even up to life's closing scene. In the present day the practice of bleeding in acute inflammation and other diseases has been much modified, if not indeed altogether abandoned.

A further dispute about bleeding in a pleurisy, whether from the arm of the side affected, or from that of the opposite one, gave rise to bitter polemical discussion, and furnishes a good illustration of some of the medical polemics of the period. This point, which was looked upon in these days as a matter of such great importance, now appears to us a most trivial affair. Yet this dispute was taken up by learned doctors, Universities, and Royalty itself, and was not settled for 200 years. Next came a discussion which led ultimately to violent disputation, in which the Royal College of Physicians of London took an active and prominent part—viz. the

dispute about small-pox. The orthodox practice of the time at that stage of the disease was to keep the patient as hot as was consistent with life, and sometimes much hotter. Purging, even of the gentlest kind, was reprobated. But Sydenham came in to propose a cooler regimen and a gentle purging. This innovation was received as usual with disbelief, and Sydenham was looked upon as next to a quack for having abandoned the established methods of treatment. His views soon however, drew adherents, and gave rise to a fierce contention between those who maintained the old doctrines, or the *anti-purgers* as they were called, and the disciples of Sydenham, who were called *purgers.*

The following anecdote is told of this controversy :— Three well-known men belonging to the Royal College of Physicians of London, Drs. Friend, Woodward, and Mead, had all taken an active part in this purging controversy. In a discussion which took place at a meeting of the College certain strong passages had occurred between them. Woodward, who was a professor at Gresham College, accidentally met Mead under the gateway of that Institution. Some high words speedily passed between them, which soon came to blows. In the scramble Woodward's foot slipped, and he fell. Mead, then holding the point of his sword over him, said, "take your life," on which Woodward is said to have replied, "I will take anything but your physic."

Jenner's great and important discovery of vaccination was made in 1796 ; and on account of the cautious reasoning he adopted, and the equally careful way in which his experiments were contrived and carried

through, the great majority of medical men were won over to a belief in its efficacy as a means of preventing small-pox, and looked upon it as one of the most valuable discoveries of the age. The simple way in which Jenner detailed his first experience is worth quoting as a specimen of a plain statement of facts.

In the year 1796, says he, cow-pox broke out in a farmer's dairy near Berkley, and Sarah Holmes, a milkmaid, caught the infection in one of her hands. Jenner, who had then acquired a correct knowledge of the appearance of the malady, perceived that it was the genuine disease, and he selected a healthy boy named Phipps, who had not had the small-pox, on whom to make the first trial of inoculating one human being from another with the cow-pox virus. Accordingly, on the 14th May 1796, Jenner punctured one of the vesicles on the hand of Sarah Holmes, and taking a little of the transparent lymph on the point of a lancet, he inserted it into the boy's arm by two superficial incisions, which barely penetrated the surface of the skin. He watched with trembling anxiety the event which was to decide the completion or extinction of his hopes, and saw with delight the incision gradually inflaming and assuming nearly the appearance of a part inoculated with variolous matter.

On the seventh day the boy complained of uneasiness in the armpit, and had a slight headache. He was also perceptibly indisposed, but on the following day he was perfectly well. Jenner perceived with pleasure that the similarity between this new species of inoculation and of the variolous was striking; for Phipps had been affected with constitutional symptoms of the same kind, and at the same period, with those which commonly take place in very mild cases of inoculated small-pox.

Jenner observed that in Phipps's arm the liquid secreted was at first limpid, afterwards purulent, and that a crust formed which assumed a dark hue. The efflorescence which surrounded this pock appeared to have more of an erysipelatous character than after variolous inoculation.

The next point to be ascertained was whether or not this operation had rendered the boy unsusceptible of the small-pox. He therefore, on the first day of July following, inoculated him with the small-pox in several places, and had the inexpressible satisfaction of seeing nothing else produced but a transient inflammation of the inoculated parts. Several months afterwards he repeated the inoculation without any effect. This case was then complete, and time and growing experience enabled him to add many equally satisfactory results to this final one. In 1798 he determined to publish his discovery through the medium of the Royal Society of London, but he was advised by Sir Joseph Banks, the President, not to risk his reputation by doing so. He therefore published it separately, under the title of "An inquiry into the causes and effects of the Variolæ Vaccineæ, or Cow-pox."

This quickly excited general attention, and although believed in and adopted by many, it soon led to much opposition and controversial writing. The principal opponents were Drs. Rowley and Moseley and Mr. Birch; and the length to which they went in their opposition will be best shown in a few extracts from their writings. Rowley had prepared a lecture on the subject, and after proceeding so far he placed on the table a sickly pallid girl, whose arm was first shown imprinted with a vaccine cicatrix. The body was next uncovered, which was spotted with a number of unsightly scales.

"Here," he triumphantly exclaimed, "is ocular demonstration of an undeniable fact. The parents of this hapless child will inform you that she was born without a blemish, but unfortunately, five years ago, she was contaminated with the cow-pox humour. It lurked long in her blood, and now you behold its effects. This is the true cow-pox 'mange.'"

After this disgusting spectacle was removed, he in-

troduced a poor boy, whose face was much swollen and disfigured by a large abscess. He requested his auditors to inspect closely this unparalleled case.

"On this cheek you plainly perceive," said he, "a protuberance arising like a sprouting horn; another corresponding one will shortly spring up on the other side, for the boy is gradually losing the human lineaments, and his countenance is transmuting into the visage of a cow."

Moseley even went a step farther.

"The cow-pox has lately appeared in England; this is a new star in the Æsculapian system. Great events are foreboded; but others aver that the people of England are becoming like the inhabitants of a wilderness beyond the land of Cathay, seen in 1333 by the rare and inimitable Sir John Mandeville, who, he says, were 'wild, with horns on their heads, very hideous, and speak not, but rout as swine.'

"Who knows also but that the human character may undergo strange mutations from quadrupedan sympathy; and that some modern Pasiphaë may rival the fables of old?"

In spite of all opposition, Dr. Jenner's great discovery became generally acknowledged during his lifetime, and he received from Parliament a grant of money in acknowledgment of its importance.

The bitterness of polemical discussion cannot be better illustrated than in the medical and surgical controversies of the latter part of the last and the beginning of the present century in Edinburgh.

The chief actor in this drama was Dr. James Gregory, Professor of the Practice of Physic in the University. This gentleman, so well known and so largely sought after for medical advice, was a violent disputant. According to Mr. John Bell he published no less than

eight quarto and octavo volumes, from 300 to 500 pages each, of attacks and replies on individuals and corporations. His first pamphlet, as it has been called, was published in 1794, and was a large and expensive quarto, defamatory of his fellow professors Drs. Alexander and James Hamilton, father and son. For the publication of this volume and the statements it contained, an action in the Court of Session was raised against him, and terminated in his being amerced in the sum of £500 damages, and all expenses.

Other attacks he made on the Colleges of Surgeons and Physicians, the Infirmary management, etc. His volume, published in 1803, entitled, *Memorial to the Managers of the Infirmary*, drawing their attention to the manner in which the junior members of the College of Surgeons did their duty in the Infirmary, called forth no end of obloquy and abuse. Nothing can better show the animosity which existed at the time than some quotations from the volume of Mr. John Bell, who was asked to reply in name of the College. Mr. Bell characterises Dr. Gregory's censorious lecture as "an overwhelming deluge of obscenity, ribaldry, and unprovoked scurrility;" and, in conclusion he says—

"This gentleman has laid claim to all the most honourable distinctions that worth, learning, and wit, joined to a spirit of the most romantic and chivalrous honour, could confer. If he had been a wit, he might have found room and verge enough in these everlasting quartos to display all the gambolings and caperings of drollery, and to amuse those at least who are not fastidious. But he seems to me like one who tumbles about for the amusement of a mob, and for his last greatest feat stands on his head, wagging his heels in the air, quite unconscious that the mob has gone by."

But, as good often springs out of evil, the loose attendance of the junior members of the College of Surgeons at the Infirmary was improved by this impeachment on the part of Dr. Gregory.

Dr. Gregory was a profuse writer, but, after consideration, did not always publish what he had written. A curious anecdote, related by Mr. Bell, will show this. Dr. Gregory had indited a volume which he entitled *Historical Memoirs of the Medical War in Edinburgh in the years* 1805-6-7. The volume was already printed, but not published, when suddenly a copy of it appeared on the table of the College of Physicians of London, and was immediately after reviewed in the *Annual Medical Review*, headed, "Review of the Disputes of the Edinburgh College." Dr. Gregory, when he learned this, was in a state of fuming anger. Every one connected with the printing office was examined, for the purpose of discovering who had abstracted the volume in question; but no good came of the inquiry. The publisher himself appeared most anxious to find the culprit, but without effect. It ultimately turned out that the publisher himself was the culprit, and that it was done as a capital joke on Dr. Gregory. The work itself, I need hardly say, never appeared.

About this time there existed in Edinburgh a famous caricaturist, named Kay, whose volumes have now been republished with extended notices. In these volumes we find many references to the prominent men in the medical controversies of the period. The one which attracted most attention at the time, and has still a hold on the older members of the profession, was his

caricature of the attempt to obtain for Dr. Barclay a chair of Comparative Anatomy in the University of Edinburgh. This proposal was prominently supported by Dr. Gregory and Robert Johnstone, Esq., and was opposed by Drs. Hope, Monro, and Jameson. In this caricature Dr. Barclay is seated on the skeleton of an elephant, and is represented as about to enter the College gate. The elephant is pushed on by Dr. Gregory, and welcomed by Mr. Johnstone; whilst Dr. Hope, his anchor firmly fixed in a bed of strontian, which he discovered, ties a rope round the elephant's leg to prevent further progress; Dr. Monro threatens vengeance with a human thigh-bone in his hand; and Jameson, seated on a walrus, and with a narwhal's horn in his hand, *dooms* the extinction of the worthy doctor. This caricature, entitled "The Craft in Danger," was well known and widely circulated.

The polemics which started into existence during the early life of James Syme were of a different kind. Weary quartos and thick octavos were discarded, and language more suited to the times adopted.

However bitter the feelings occasionally evoked, and however keen the quarrel, it must be averred of Mr. Syme's controversies, that the language in which they were couched was always that of gentlemen. It can be readily understood that Mr. Syme—a pupil of Gregory, Hope, Barclay, and Jameson—could not escape imbibing the controversial spirit of the times. But we shall find that his quarrels were carried on with those who had placed themselves, by their conduct and writings, in such a position as to be unworthy of pro-

fessional recognition; or arose from his opposition to new and unheard-of methods of practice, of which he did not approve.

He was a conservative in Surgery, and fondly adhered to principles and practice which had been long tried and tested. Innovations, or new plans of procedure or treatment, he always weighed and considered well, and when he was satisfied, they were at once cordially adopted; but if his decision was adverse, it was not an easy matter to get him to change his views. Indeed, no man had a better right to give or hold an opinion in surgical matters, for he had early laid down for himself principles of diagnosis and treatment which had guided him through life, and which had required but little modification, either in his hands or in those of his pupils.

CHAPTER XII.

Controversies, Part I.—Estrangement with Liston—Similarity in Mind and Work of the two Surgeons—Controversy with Mr. (now Sir W.) Fergusson—Controversy with Dr. J. Argyle Robertson—Opinions of Mr. Syme's Conduct—Action against Mr. Lizars for certain passages in his Work on Practical Surgery—Pluggites and Anti-Pluggites, etc. etc.

IT is a remarkable fact that Mr. Syme, as a boy, as a student, and as a teacher of Anatomy, was free from any spirit of disputation. He was much liked and respected by his companions, and was always spoken of by them as one whose friendship could be trusted. But matters became somewhat different after the establishment of his Surgical Hospital at Minto House. It was there that he first showed a controversial spirit; and it was no doubt the opposition he met with in the establishment of that institution which, though operating on a kind and generous nature, caused him not only to defend himself in every way he possibly could, but sometimes to carry the war into the very enemy's camp.

He was in the habit of consulting an old friend, the late Dr. Belfrage, minister of Slateford, in all his difficulties, and Dr. Belfrage himself got involved in some of them; his plain statement to Mr. Syme was "that he was always right in the matter, but often wrong in the manner, of his quarrels."

The first of his estrangements (for it could hardly be called a quarrel) was with Mr. Liston. It may be remembered that the course which Mr. Liston followed was the one which Mr. Syme had also chalked out for himself—that is to say, they had both taught successfully classes of Anatomy, and gradually made this a stepping-stone to Surgery and surgical practice.

Syme was somewhat Liston's junior, and was attracted and fascinated by the decision and firmness of his character, and by his attainments in Anatomy and Surgery. When some misunderstanding occurred between Dr. Barclay and Mr. Liston, it may be remembered that Mr. Syme at once followed the fortunes of the latter, and was installed in the office of demonstrator, although at that time he was little more than a junior student. There seemed to have been a mutual respect and confidence between them, which, had it continued, might have led to great and happy results.

Here let us pause for a moment to draw a curious comparison of the many external resemblances which existed between these two great men. Whether this likeness arose from mere chance, or from similarity of feeling, may be a subject of question; but it appears more probable that a mutual drawing of the one towards the other is the correct explanation of it. Their original tastes for amusements were not the same. Liston loved field sports, Syme his botanical pursuits and dissecting of animals; but they both became anatomical demonstrators, afterwards teachers, and then went on to Surgery.

In 1824 they both published papers in the same number of the same journal on the superiority of the flap operation in amputations.

Liston wrote his inaugural dissertation for the Royal College of Surgeons on Stricture of the Urethra, Syme on Necrosis ; but the subject of strictures of the urethra was one in which Mr. Syme greatly distinguished himself, by introducing in connection with it the greatest improvements in practice.

Liston forsook the Infirmary, and never entered it for five years, in consequence of having been charged with successfully operating upon a patient who had been dismissed from that institution as a hopeless case. Mr. Syme was refused admission in consequence of his quarrel with Liston, who again charged him with enticing patients from the Infirmary into Minto House, and operating upon them there.

They were both conspicuous as operating surgeons at the same time in Edinburgh—the one at the Royal Infirmary, the other at Minto House.

Both of them, after their admission, became the mainstays of the Infirmary, proving themselves equal to any, even the greatest, emergency. Liston showed this early. At an amputation of the thigh by Mr. Russel, then the Professor of Clinical Surgery, an artery in the cut bone bled violently, and, in consequence of its osseous surroundings, could not be secured. Liston, with the amputating knife, at once cut off a chip of wood from the operating table, formed it into a cone, and drove it into the bleeding orifice, and in this way immediately arrested the hæmorrhage. So Mr. Syme,

in his first operation of amputation at the hip-joint, began the operation after the plan he had intended to follow; but seeing the impossibility of carrying it through, immediately changed it, and ultimately finished the operation in a way it had never been done before.

In 1832 they both published works on Surgery. Liston's was entitled *Elements of Surgery*, Mr. Syme's *Principles of Surgery*. The two volumes were about the same size, but differed materially in the handling of the subject. Mr. Liston's *Elements* was a purely practical treatise by a sound practical surgeon, and full of important practical details. Syme's was a more philosophical work, entering fully yet succinctly into the different views of the principles and practice of Surgery, and is a model of comprehensiveness and clearness.

The disagreement between Liston and Syme was never an open quarrel, but rather assumed the form of an increasing dislike, which had its origin in mutual jealousy. Each felt the surgical power of the other, and instinctively realised that a battle for pre-eminence would have to be fought. Liston was at this time senior surgeon to the Royal Infirmary, and a brilliant operator with a large following of students. A vacancy occurring in that establishment, Mr. Syme felt the want of an hospital staff, and applied to the managers to be appointed as a surgeon there. This was distinctly refused in the meantime by the managers, although no reason was assigned; but it was generally believed that the managers did not wish to present to the students any scenes of discord between the surgeons. The managers well knew the quick temper of Liston and the determined

character of Syme, and thought it better to decline appointing him in the meantime.

Then came the Surgical Hospital at Minto House, with its unprecedented success, galling Liston to the quick. Those who know the practices of patients who frequent our various hospitals and dispensaries in town will not be astonished when they learn that it is not an uncommon thing for them to ask advice from a different institution every week. The well-known case of Mrs. Gibson may be shortly referred to in illustration of our remark. After the establishment of the Surgical Hospital, it was not unusual for patients who were not satisfied with their reception at the Royal Infirmary to resort to the Surgical Hospital, after being dismissed at their own request from the Infirmary. Some of these Mr. Syme admitted without knowing that they had been subject to treatment there, but others told him the true state of things. Mrs. Gibson stated that she had been an inmate of the Infirmary. She was operated on successfully by Mr. Syme, and this so roused Mr. Liston that he ordered the porter at the Infirmary gate never again to admit Mrs. Gibson on any pretence whatever.

All was passive jealousy between them till this unfortunate case occurred, when the excitement of Mr. Liston ran a course which was to be deplored.

It happened much about the time when the book of annual subscriptions to the Surgical Hospital at Minto House was being handed round amongst the inhabitants of Edinburgh, that Liston, getting hold of it, wrote in it, instead of a name and subscription, "*Don't support quackery and humbug.*" Mr. Syme was not a man to

endure this, not only for his own reputation, but for that of his Surgical Hospital. He immediately raised an action of damages against Liston, which, after some correspondence between the agents of both parties, resulted as follows :—

"Edinburgh, October 4, 1830.

"Sir—In reference to an entry in the subscription book of the 'Edinburgh Surgical Hospital,' made by me in these terms, 'Don't support quackery and humbug,' I regret having made this entry, which I admit was perfectly unjustifiable, and without the slightest foundation. I agree to pay the expenses you have incurred in adopting legal measures with the view of a prosecution against me on this subject.—I am, Sir, your most obedient servant, ROBT. LISTON.

"James Syme, Esq., Surgeon."

Mr. Syme became Professor of Clinical Surgery in 1833-4, taking as his wards the very rooms he had occupied as a pupil at the High School of Edinburgh ; for since that time the Infirmary managers had secured the Old High School as a Surgical Hospital, and had put it in order for the purposes of surgical treatment. Mr. Syme's entry there was like the introduction to an old friend. He felt himself at home, and at once inaugurated that system of clinical teaching which is now so generally adopted, and has made his name famous. It is hardly necessary to mention that he was not well received by his colleagues at the Infirmary on the occasion of an appointment which was a source of bitterness to many and of disappointment to all. He nevertheless entered upon his duties with spirit, always attending in the operating theatre any important operation, especially of Liston's, and retiring to his ward duties when it was

over. His appearance there often excited the scorn and indignation of Liston, but it found no vent in words.

Mr. Liston was appointed to the chair of Clinical Surgery in University College, London, in 1835, and his place in Edinburgh was filled by Mr. Syme. Nothing occurred to disturb the quiet which now reigned between them, both being too fully occupied in their respective spheres of labour to think of old jealousies or quarrels. On the 19th December 1839, Liston indited the letter to Mr. Syme which we have already quoted, offering the hand of reconciliation and return to old friendship. This was warmly accepted by Mr. Syme, and a friendship thus restored continued to the end.

Soon after Mr. Liston's removal to London a vacancy was declared in the Surgical Department of the Royal Infirmary, and Mr. (now Sir William) Fergusson became a candidate. It appears that Dr. Gillespie, one of the managers at the time, had asked Mr. Syme's opinion of Mr. Fergusson, and that Mr. Syme declined giving it, as he was not able to speak favourably. He subsequently wrote a letter to Dr. Gillespie, explaining his reasons for this :—

"In the autumn of 1831," says he, "Mr. Miller,* a friend and fellow assistant of Mr. Fergusson in Dr. Knox's dissecting-rooms, became a candidate for admission into the College of Surgeons, and, according to the regulations, presented a probationary essay. This essay was found by the examiners to consist of a libel, equally malicious, scandalous, and untrue, on a Fellow of the College †

* This was Mr. Alexander Miller—not Mr. James Miller, afterwards the Professor of Surgery in the University of Edinburgh.

† Mr Syme.

successfully engaged in teaching surgery, and was by them rejected. Mr. Miller presented another essay, and entered the College. The objectionable essay was immediately after printed, and Mr. Fergusson, who had then begun to teach surgery, assisted in distributing it, to the extent of several hundred copies, to his own and Dr. Knox's pupils on the first day of the session.* Conceiving that an individual who could resort to such means would not scruple to employ any for the same purpose, I should certainly withhold my confidence from Mr. Fergusson if he were appointed my colleague in the Infirmary. You are at perfect liberty to show this note to Mr. Fergusson if you think proper.—My dear Sir, yours truly, JAMES SYME."

Mr. Fergusson replied in a letter to one of the managers of the Infirmary, dated 6th December 1834 :—

" The contents of Mr. Syme's note have astonished me not a little. The circumstance of a gentleman standing so high in the profession as he does, endeavouring by such means to influence you, as a manager of the Infirmary, to the injury of my future prospects in life, is one of a most serious nature to me, and I conceive that I should be much to blame were I to allow his charge to pass unnoticed. That such a pamphlet as the one referred to by Mr. Syme made its appearance in Dr. Knox's rooms at the time and under the circumstances mentioned is a matter of notoriety, but I deny most distinctly that I took any part in its distribution. The paper had its author's name attached to it, and from that time to this I have never heard that Mr Syme took the slightest notice of it. WM. FERGUSSON."

In Mr. Syme's reply to Mr. Fergusson he says—

" Though I did not make the accusation on slight grounds, and though ready to state them if you desire it, as you have dis-

* The dissertation professed to be an inquiry into the causes of death after lithotomy.

claimed all connection with the objectionable pamphlet, I beg to say that I regard this as a sufficient explanation.

"JAMES SYME."

Here matters might have satisfactorily ended, but Mr. Fergusson had warmed, and would have nothing but an apology from Mr. Syme for the part he had taken in the matter. This Mr. Syme declined to give, the result of which was, that on Thursday the 25th December Mr. Veitch called on Mr. Syme, and, as the friend of Mr. Fergusson, made a demand for what he called satisfaction. Mr. Syme referred this gentleman to his friend Mr. Marshall, Deputy-Inspector of Hospitals.

These gentlemen had numerous meetings on the subject, and drafts of notes to be respectively signed by the two principals were made out and agreed to. Mr. Syme was willing to sign his, but Mr. Fergusson was inexorable. His friend, Mr. Veitch, therefore broke off, and sent the following note to Mr. Marshall :—

"In consequence of your stating to me, at our conference a few minutes ago, that you were not prepared to go any farther in the matter between my friend Mr. Fergusson and Mr. Syme, I waited on Mr. Syme, who stated that he had placed himself entirely in your hands.

"I have now to demand that you will *instantly* and *distinctly*, as his friend, say whether Mr. Syme will give my friend Mr. Fergusson satisfaction or not. If your answer is in the negative, of course Mr. Syme must be prepared to meet the inevitable consequences. THOS. L. VEITCH."

To this Mr. Marshall addressed the following :—

"25 Alva Street, 26 December,
"½ past 11 P.M.

"Sir—I have to acknowledge your note, and in reply take leave to state that I do not consider it expedient to recommend

my friend Mr. Syme to give Mr. Fergusson any other satisfaction than has already been offered. HENRY MARSHALL."

On the 27th December Mr. Marshall considered it his duty to address the following note to the Procurator-Fiscal :—

"Sir—A misunderstanding having taken place between Mr. Syme and Mr. Fergusson, the former gentleman named me as his friend, to endeavour to arrange the business with Mr. Fergusson's friend, in which I have not been successful. As I cannot recommend Mr. Syme to respond to any hostile message he may receive from Mr. Fergusson, and to prevent unpleasant consequences, I have thought it my duty to make you acquainted with the circumstances. HENRY MARSHALL."

So a disagreeable matter ended and was soon forgotten; but Mr. Syme's coolness, spirit, and determination to do what was necessary, deeply impressed his friends with his manliness and sense.

A misunderstanding of no great importance arose almost directly out of that just mentioned. On the 23d May 1840, at a meeting of the Royal College of Surgeons, Dr. J. Argyll Robertson made some allusions to a letter which had recently been addressed to the Lord Provost by Mr. Syme, and, in his observations, reflected on Mr. Syme's honour in the following terms :—

"That it was out of the question making this a personal affair, or demanding satisfaction in the manner customary among gentlemen, in respect that he (Mr. Syme) had come off so awkwardly in former quarrels, that no man who respected his own character could meet him."

This did not come to Mr. Syme's knowledge for a month afterwards, when he requested Dr. Pagan to wait

on Dr. Robertson, and ascertain if the statement was correct. To this Dr. Robertson assented, but would not name a friend with whom Dr. Pagan could confer. The following letter from Dr. Pagan puts this in its proper position :—

" 24th June 1840.

" Dear Sir—I regret that you should have seen fit to refuse the reasonable request I made to you this morning to name a friend with whom I might confer on the matter at issue between you and Mr. Syme. This mode of procedure is novel and singularly inconvenient. See what it amounts to. You first determined, on *ex parté* evidence, that a gentleman has deprived himself of the privilege of defending his character, and proceed on the strength of this private judgment to insult him. On application for redress or satisfaction, you decline putting yourself into the hands of a friend ; thereby in effect constituting yourself sole judge in a matter already prejudged by yourself.

" S. A. PAGAN."

This letter had the desired effect, and Dr. Robertson named Dr. Henderson as his friend. A meeting took place at Dr. Pagan's house, when the whole controversy between Messrs. Syme and Fergusson was gone over, with the following result :—

" 3 Melville Street, 25th June 1840.

" To Dr. Pagan.

" Sir—Having perused the letters which have passed in the affair between Mr. Syme and Mr. Fergusson, I beg to state, that in my opinion Mr. Syme cannot be justly blamed for his conduct, in respect either to what gave rise to the correspondence, or to what took place subsequently. WM. HENDERSON."

LETTER of APOLOGY from Dr. ROBERTSON to Mr. SYME.

" 55 Queen Street, 25th June 1840.

" Sir—Having ascertained from Dr. Henderson, to whose judgment I submitted the matter between us, that in the affair

with Mr. Fergusson there was no just ground for reflections on your conduct, I beg to express my concern that, under an erroneous impression of the part you performed in that transaction, I should have made those remarks in reference to it of which you complain. J. A. ROBERTSON."

Mr. Syme's hands were full during the year 1840, in warding off aspersions on his character and practice. In fact his success, both as an operating and a consulting surgeon, made him an object of envy to nearly all those who were following, or wishful to follow, a similar walk in life.

Mr. Lizars was then Professor of Surgery to the Royal College of Surgeons, and had long shown a hostile feeling towards Mr. Syme. He published a work in 1839 entitled "A System of Practical Surgery, with numerous explanatory plates, the drawings after nature, by John Lizars, Professor of Surgery to the Royal College of Surgeons." In this book, the following passage, which was declared by Mr. Syme and his legal advisers to be malicious, false, calumnious, and injurious towards him, appeared :—

"In every operation about the anus, however unimportant it may seem, the operator cannot be too careful of averting hæmorrhage, as many have died from such neglect. Nor is it improper, as an additional warning, here to mention another case which was under the care of our Professor of Clinical Surgery. A few years ago he operated on a gentleman for a slight fistula in ano, left the part inadequately defended, and dreadful hæmorrhage ensued ; the professor was sent for, groped about in the anus with his knife, *searching for a needle in a hay-rick*—I mean for a blood-vessel to be tied. Meantime the life of the patient was saved by *diliquium animi*, but to this day the wound

remains unhealed, and the unfortunate man a miserable nervous invalid, from the excessive loss of blood."

For the use of these expressions Mr. Syme brought an action before the Lord Justice-Clerk and a jury; the damages being laid at £1000.

The statement for the defence was ingenious enough. Admitting the fact of his having published the passage above quoted, he goes on to say—

"In practical works, such as that of the defender, it is usual and necessary to refer to cases which are understood to have occurred in practice, although they may not be recorded in any pre-existing work. It is even usual and allowable to criticise and impugn any course of treatment advocated, taught, or adopted, by any writers, teachers, or practitioners, either as a general system or in reference to particular cases, and the pursuer himself has done so most freely in his own writings. In the present instance, however, the defender did not indulge in animadversion, he merely cited the case to illustrate the importance of a practical advice, which, as an author of a professional or practical work, it lay in his way to give and to enforce. There is no ground for ascribing to him the motives alleged in the summons;" and he concludes—"The passage in the defender's work referred to not being of the character alleged, the pursuer is not entitled to recover damages from the defender."

A jury was empanelled on the 12th March 1840, and was addressed by the Dean of Faculty for Mr. Syme. He said—

"I have the honour to appear on the part of the pursuer, Mr. Syme, the Professor of Clinical Surgery in the University of Edinburgh, whose name and character are probably as well known to you as the situation which he holds. He has instituted this action for the purpose of putting the defender, Mr. Lizars, to the proof, if he dared to undertake it, of a most atro-

cious calumny against him, with regard to a surgical operation performed by my client. In the course of a work which Mr. Lizars published, he proceeds to state a case which occurred some years before, in which he says 'that from neglect on the part of Mr. Syme his patient very nearly bled to death; and that, though his life was saved, he remained a miserable nervous invalid from the excessive loss of blood.' I need not tell you, gentlemen, that a statement of this description, far exceeding the bounds of what the defender sets forth in his defences, is one which no person could leave without prompt and instant notice. I have told you, gentlemen, Professor Syme's object in having brought this action. It was that the defender might retract the charge, and apologise for it; or to dare him to the proof of the truth of it. The defender has shrunk from the latter course, and will not make the apology or retractation required. Professor Syme does not want damages from his brother Professor; but if the latter will neither retract his calumnious statement, nor apologise for it, while he has not ventured to prove the truth of the charge, you must of course proceed to mark your opinion of the nature of the calumny, in the only way in which the character of the calumniated can be vindicated—viz. by a verdict of damages. Even now, gentlemen, let Professor Lizars rise, and say that, upon the full inquiry which he ought to have made at first, he finds that the charge against Professor Syme is untrue, and that he apologises for it, Mr. Syme will ask for no damages."

The case for the defence was intrusted to Mr. Patrick, afterwards Lord, Robertson, and he could not help indulging in his usual drollery. He said

"He thought the learned Professor, the pursuer of this action, would have better consulted his own position in society, and the dignity of the University in which he holds a chair, if he had said nothing about the matter at all, and had exhibited less of that "odium medicum," known in all ages since the days of Æsculapius himself. The doctors are indeed an irascible race. No evidence has been adduced by the pursuer,

except that of Dr. Davidson, with whom the other medical gentlemen concurred. They are all of opinion that a passage of the description complained of, read by those who had not sufficient knowledge of the skill of the operator, would tend to shake their confidence in him, and induce them to believe that he was not fit for the exercise of the important duties of his profession. There seems to be a great war on the subject among the doctors. They are divided into two great parties, the pluggites and the anti-pluggites. One set are for defending with double care; another trust to the tightness of ligatures when these are used, or instead of compression they trust to a little bit of lint introduced into the wound. In short, there is war to the knife, literally, on this great question. I suppose the whole of the University of Edinburgh, Professors as well as students, are divided into pluggites and anti-pluggites, and whether we may not have another college row on this subject, I cannot tell; but at all events there is arguing to and fro, and writing book upon book on the question. My distinguished and esteemed friend Mr. Liston writes a treatise on Surgery, and he writes just in the same sort of style as the rest of the doctors. They all employ a very *graceful* style; they all write with an *amiable* spirit. One of the leaders of the anti-pluggites writes in his book a furious attack on my client, and then he sends it to him with the respectful compliments of the author! This is the way they go to work.

"Now the defender is a keen pluggite, and 'above all' says he in his book, 'for God's sake take care of hæmorrhage.' An apothecary died in this city from that cause. There is no dispute about that melancholy fact, and then, as an additional warning he adds, in the passage complained of, 'Take care of the practice of the anti-pluggites, for in the hands even of the great Mr. Syme, the Professor of Clinical Surgery in our University, himself—even in his hands, such is the danger of not defending well the parts that a patient suffered from hemorrhage.' Surely there was no harm in this."

The Lord Justice-Clerk summed up at considerable length; and the jury, after an absence of ten minutes,

returned into court with a verdict for the pursuer of £50 damages.

The following letters will show how Mr. Syme took the settlement of the matter, and the amusing remarks of Peter Robertson, as he calls him (afterwards Lord Robertson) :—

"9 Charlotte Square, 3d March 1840.

"My dear Sharpey—The minute of the Senatus recognises all lectures delivered in London which are or may be required by the London University, and as the two Colleges, King's and yours, are mentioned in the charter, they are as yet the only schools admitted. . . . Applications from students to this effect have been granted, so you need not hesitate in promulgating the fact. But I fear that an extract from the minutes, without a good deal of explanation, would, in the present situation of affairs, tend to confuse the students, and raise an outcry against us.

"Mackenzie, who takes this, will tell you of the amusing trial we have had. I'll send you a full and particular printed account of it by Child. Meantime a complete likeness of Peter Robertson.

"It is not very easy to get the required information about the amputations, but the attempt shall be made.

"JAMES SYME.

"*P. S.*—I was surprised the other day to see a possé of Dundee doctors walk into the ward—Nimmo, Bell, J. C., etc. They had come to attend a trial for assault, a political affair. N. went home directly, but Bell and J. dined with me, and next day witnessed the cutting out of a lower jaw. J. S."

"Charlotte Square, Saturday, 7th March 1840.

"My dear Sharpey— . . . My hands are as full as they well can be, and it will not be easy to alter my position. Excuse this crowing ; you know my weak point, and all the claim I have on your indulgence.

"I hope you may be right about Simpson, but much fear,

etc. etc. He shall have a fair trial, and nothing will give me more pleasure than his turning out better than we expect.

"What do you think should be done about the microscope? What would the alterations cost? Would it be better to get a new one?

"Liston, who really seems to have resumed his ancient feelings towards me, has offered to send a proper one. Speak to him of it, and let me know the result, but don't do anything until you hear from me. In these times people must not be extravagant. . . .

"Jackson is here, fat and hearty. He says you have promised to visit him in May. What a fine idle life you lead! Poor Madden is, I fear, very ill—not that he thinks it, or even looks it, but there is a something or other about him that, to my matured eyes, portends nothing good. Wishart (Darlington) is going in the same way. What a destroyer this disease is to be sure! . . .

"Christison says I must mortify a part of the damages extorted from Lizars for the endowment of a prize to be given at stated periods for the best essay on the value of truth in a Professor of Surgery. What do you think? Will it do? All here are well, and join me in best regards. JAMES SYME."

But such was not the end of the great battle between the Pluggites and Anti-Pluggites. On the 16th of May of the same year, Mr. Lizars was imprudent enough to reiterate his statements regarding this case, which had been decided by a jury, as above related. Mr. Syme immediately instituted a new action of damages on the same grounds as the former; but Mr. Lizars, without delay, wisely succumbed, and wrote the following letter to Mr. Syme:—

"Edinburgh, 18th July 1840.

"Sir—In reference to the new action of damages which has been lately instituted against me, I have to express my sincere

regret that, at the meeting at the College of Surgeons of the 16th May last, I should have made the statement which I did in regard to the case of fistula noticed in my recent work, and in regard to which a jury trial took place in March last.

"I am now satisfied that, in the operation performed by you in that case, nothing occurred on your part which was in any respect blamable, or which could have warranted the remarks which I made upon your conduct in my book. I consider it a duty, therefore, which I owe both to you and to myself, to retract these remarks, and to express my regret at having made them.

JOHN LIZARS.

"Professor Syme."

CHAPTER XIII.

Controversies, Part II.—Correspondence as Dean of Faculty with Dr. Henderson on Homœopathy—Jury Trial, Glover *v.* Syme: Verdict; Remarks by Mr. Syme; by Lord Justice-Clerk; by *Lancet*, etc.—Trial, Miller *v.* Syme: Results—Introduction of Ether and Chloroform—Gave in his adhesion to Anæsthetics—Acupressure—Renewed Quarrel with Sir J. Y. Simpson—Dr. Bennett's Letter on Presidency of Medical Council, with Replies, etc. etc.

In 1844 Mr. Syme was appointed Dean of the Faculty of Medicine in the University. In the discharge of this duty he had to take cognizance of the different professors and their work. Dr. Henderson, who had been but recently appointed to the chair of Pathology, had adopted homœopathic tenets, and was openly and notoriously practising according to this method. This was duly reported to the Medical Faculty, and the Dean had instructions to write him as follows :—

"Dear Sir—I am desired by the Medical Faculty to inquire whether they are rightly informed that you have acted upon homœopathic principles in the discharge of your duties as a Clinical Physician in the Hospital? James Syme, *Dean.*

"Dr. Henderson."

To this Dr. Henderson replied :—

"Dear Sir—In reply to the inquiry of the Medical Faculty, whether I have acted upon homœopathic principles in the discharge of my duties as a Clinical Physician of the Hospital, I answer in the affirmative.

"I have treated six cases of dysentery in the Hospital in the manner in question, and in five the results were very speedily of the most satisfactory kind, etc. etc. W. HENDERSON."

The Dean's reply was as follows :—

"The Medical Faculty, believing that what is called homœopathy is founded on delusion, have learnt with extreme regret from the Professor of Pathology, in confirmation of common report, that he has acted on homœopathic principles in the discharge of his duties as a Clinical Physician of the Hospital. The Medical Faculty feel it their duty to put a stop to the prosecution of this principle another year in the Clinical Wards of the Hospital—a practice so trying to the patients, dangerous to the students, and calculated to destroy public confidence in the Royal Infirmary of Edinburgh. The Medical Faculty instruct the Dean to transmit copies of this resolution to the Professor of Pathology.

"In the month of July the resolution of the Medical Faculty was transmitted by the Dean to the Professor of Pathology, with the following kind note :—

"'Dear Sir—In transmitting to you the enclosed resolution of the Medical Faculty, I beg again to express the happiness it would afford my colleagues and myself if reconsideration of the subject were to induce a change in your sentiments with regard to Homœopathy, and free your clinical instructions from the objections which we so much regret having been compelled to notice. JAMES SYME, *Dean.*'"

Soon after this the Medical Faculty removed Dr. Henderson from the teaching of Clinical Medicine in the Royal Infirmary, a step which was alike judicious and absolutely called for. Mr. Syme, however, as an individual, feeling that the teaching of even such a branch as Pathology ought not to be intrusted to a man of homœopathic tendencies, addressed, in his own name, a

memorial to the patrons of the University of Edinburgh in the following terms :—

"THE MEMORIAL of JAMES SYME, Regius Professor of Clinical Surgery, unto the HONOURABLE PATRONS of the UNIVERSITY of EDINBURGH,

"*Humbly Sheweth,*

"1. That your memorialist has a direct interest in the prosperity of the Medical School of the University of Edinburgh, as a source of emolument and professional character.

"2. That the degree of M.D. is conferred by the Senatus Academicus of the University, in accordance with certain regulations enacted by them, which have received the sanction of the patrons, and are binding upon all candidates for this honour.

"3. That these regulations enjoin attendance upon a six months' course of lectures on General Pathology, which is not taught in any other school of the British dominions, and therefore must be taken in Edinburgh by every student who aspires to graduating here.

"4. That great doubts have been entertained as to the needfulness of such a course of lectures, which was instituted about twenty years ago by Government, without the approval or knowledge of the patrons, who, at the suggestion of the Medical Faculty, on the first occasion of the Chair being vacant, recommended the Government to abolish it.

"5. That the present Professor of General Pathology has, for some years past, publicly professed the practice of Homœopathy, which is entirely opposed to, and inconsistent with, the principles which he and his colleagues of the Medical Faculty have been appointed to teach.

"6. That Homœopathy being regarded by the medical profession of Great Britain as a delusion so manifest and mischievous that it should render unfit for being met in consultation any one professing it, the Medico-Chirurgical Society of Edinburgh—which comprehends, with few exceptions, all the physicians and surgeons of this city—have expelled the Professor of General Pathology from their body.

"7. That compulsory attendance upon a course of such questionable utility, and conducted by a Professor so regarded by the profession, must constitute a serious obstacle to medical graduation in Edinburgh; in proof of which it may be mentioned that while, during the last six years, the number of medical students attending lectures in the University has greatly increased, the number of degrees annually conferred has sustained a no less remarkable diminution.

"8. That the existence of a Homœopathic Professor in the Medical Faculty has been eagerly seized upon by interested enemies of this school, to excite distrust in the public mind as to the general soundness of instruction in the University of Edinburgh, with the effect, as it can be proved, of preventing students from being sent here for their education, and of throwing discredit upon all the Medical Professors.

"9. That the Medical Faculty, immediately upon becoming aware of the homœopathic perversion of their colleague, took measures for removing him from the chair of Clinical Medicine, which he occupied jointly with some other members of their body, and over the appointment to which they possess a complete control, and that he accordingly ceased to exercise this portion of his academic duties.

"10. That neither the Medical Faculty nor any other body, except the patrons of the University, who possess the power of dismissal as well as appointment, can interfere with the Professorship of General Pathology.

"11. That the Professor was appointed by the patrons to hold his office '*ad vitam aut culpam*'—that is, until death, resignation, or the commission of a fault sufficiently serious to warrant deposition.

"12. That as there can be no greater fault committed by a Professor than deserting the established principles of his profession, and openly maintaining others directly opposed to those which he and his colleagues were appointed to teach, the patrons have at present a clear right to depose the Professor of General Pathology.

"13. That if any doubt should be entertained as to this

being the case, the Royal Colleges of Physicians and Surgeons could at once remove it by the expression of their opinion.

"14. That the memorialist therefore humbly prays that the honourable patrons will take the circumstances into their consideration, and declare the chair of General Pathology vacant.

"And your memorialist will ever pray.

"JAMES SYME.

"Edinburgh, December 8, 1851."

Dr. Henderson remained Professor, but it is very questionable how far the conduct of the patrons of the University was justifiable under the circumstances so clearly pointed out by the Dean of Faculty in the letter just quoted.

In the early part of the year 1842 the chair of Systematic Surgery became vacant by the death of Professor Turner, and a keen and active canvass was soon begun by several of the young and aspiring surgeons both in Edinburgh and elsewhere. It was natural that the Professor of Clinical Surgery, although not a candidate, should take an active interest in the appointment.

Prominent amongst the candidates was Mr. James Miller, Liston's old assistant. As the time for the election approached, and the chances of the different candidates were being openly discussed, Mr. Syme wrote the following letter to the patrons under the name of "Spectator." In that letter he explains why he adopted an anonymous title, a practice of which he always disapproved. He says—

"I write this letter anonymously, not that I wished to injure Mr. Miller and enjoy a personal immunity. I do so only that I may secure myself against the consequences of an action for libel;

Drawn by George Richmond

Engraved by Joseph Brown

James Lyons

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as, unhappily, by the law of England, the plain statement of any unpleasant truth falls within the category of its punishments."

"To the Right Honourable

"THE LORD PROVOST, MAGISTRATES, AND TOWN-COUNCIL.

"My Lords and Gentlemen—During the present active canvass for your suffrages, as Patrons of the Chair of Surgery, I have hitherto remained an uninterested, though not an unconcerned spectator. But now that the struggle becomes keen as the period draws to a close, I wish to direct your attention to some circumstances which, in the general discussion, have been most unaccountably overlooked. The interest and the pride I feel in the honour and dignity of our University, and the influence I know the circumstances to which I am to refer will have in deteriorating both, prompt me to break in on my usual quiet, and address you on the present occasion.

"The circumstances to which I refer are certain reports in circulation concerning Mr. Miller. They have been whispered abroad for several days: at first, privately, but latterly they have become a subject of very general conversation. From the evidence by which they are supported, and the studious avoidance of discussion by parties, who, if they could, would most readily contradict them—they come with such an air of truth, that they require your most serious attention—your most careful investigation.

"The first of these reports affects, at once, his reputation as an operating surgeon, and what, in reference to the situation to which he aspires is of greater moment, his fidelity as a professional writer.

"In this report it is asserted, that in tying the carotid artery in a patient of Dr. Girdwood's, at Falkirk, Mr. Miller included in the ligature the eighth nerve, one of the most important in the body. The case was unsuccessful. Mr. Miller subsequently published an account of the case in one of the medical periodicals, and gave a statement of the dissection of the body, omitting entirely to make any mention of this circumstance. In his general remarks in the report referred to, Mr. Miller is also

charged with attempting to mislead the profession as to the probable causes of death in such cases, and of concealing the above important information relating to his own operation.

"In the second of these reports, the very foundation of his character is involved; — his honour as a gentleman, and his probity as a practitioner, are directly assailed.

"According to it, Mr. Miller is said, within these few months, to have granted a certificate of lunacy against a most respectable citizen, declaring, 'upon soul and conscience,' that the gentleman was insane—without his ever having even visited the individual in question, to ascertain the state of the case. That in consequence of this certificate, the gentleman was most unjustly and forcibly carried from his home to a lunatic assylum, and detained in confinement till the requisite legal measures were taken to compel his release.

"Such are the reports in circulation against Mr. Miller; and it is indispensable to his character as a gentleman and a member of the medical profession, that they be clearly and satisfactorily disproved.

"If conduct such as the last report avers is to be tolerated or passed over as of trivial moment, no individual is safe in the possession of his personal freedom—all confidence in the honour of the medical profession will be at an end.

"If the allegations in the first are well founded, and the practice becomes general, the most serious results would ensue. Medicine, as a science, rests entirely on recorded facts and observations; and it is only on the accumulated experience of ages, and the careful deductions and generalisations drawn from these, that the superiority of modern medicine depends. If false reports are to pass unnoticed, and every error in practice to be covered by a studied concealment of the facts, to what source are we to look for improvement? The tolerance of such a practice would sap the very foundations of the science, and arrest its further progress. The baneful effects of fallacious reports have been severely felt in medicine. The respectable and honourable part of the profession never fail to visit with the heaviest penalty all who are guilty of this vice. The records of

modern medicine present several memorable examples of the chastisement visited upon this immoral appetite for notoriety. Amongst others, the case of the celebrated French surgeon, Lisfranc, occupies a bad pre-eminence. Instead of his reports being regarded as of professional value, they receive the distrust of the profession.

"To elevate an individual to a University Chair who can practise such professional frauds would deteriorate the character of the institution, and contaminate the minds of the youth with whom he came into contact. They would be familiarised with error, and led to seek celebrity in a low walk. To the community the effects would be frightful. The study of disease would proceed on wrong elements, and the method of cure be taught on a vitiated experience. To such consequences as these let me request you to turn your attention, and by searching the prevailing reports to the bottom, take every security against such an unfortunate contingency. Remember whose successor you are to appoint!—Do not let it be said that while the profession throughout the world was lamenting his death, the patrons of his chair were enrobing as his successor a surgeon of a questionable type.

"The foregoing statements will convince you that I am not a supporter of Mr. Miller; but from the position that I occupy, I happen to be equally independent of the others. Personally and abstractly, I have no interest in the matter; but the serious nature of the above reports, and the commanding appearance of truth which they carry, have decided me in confining my attention to the two senior candidates.

"I have watched narrowly the whole progress of the canvass, and observed the contrariety of method adopted by the different competitors to obtain their ultimate object. I have read the professional testimony which each has produced, and weighed their relative value; but the circumstances in the above reports betray such a fundamental laxity, as to constitute a sufficient ground of exclusion. When you hear the evidence you will also be enabled to decide.

"It is not my province to say how Mr. Miller should meet these serious charges; but I may state, that no quibble or

technical objection will avail. They must either be met openly and disproved, or they must be submitted to. Honourable gentlemen in the Council will expect and demand explanation to justify the vote they give. A due regard to their high trust—a respect for their own honour—and a gentlemanly regard to the feelings of the society in which their choice will move, impose upon them this necessity. Mr. Miller must meet it openly, manfully, and soon, as every hour's delay but deepens the gloom in which he is enveloped. This he can easily accomplish if the charges are false, as I am given to understand that all the parties connected with both cases can be easily referred to.

"Trusting that Mr. Miller will meet both reports, and prove himself to possess those lofty sentiments which his high and honourable ambition leads us to expect,—I remain, respectfully, your obedient servant, SPECTATOR.

"June 1842."

Mr. Miller published a letter explanatory of the whole matter; but this letter,* which I have not been able to see, is characterised by Mr. Syme as neither a reply, a refutation, nor an explanation, of any one item of the two reports submitted to the patrons. The general tone of Mr. Miller's letter may be drawn from Mr. Syme's reply, in which he enters very fully into the subject.

"To the Right Honourable

"THE LORD PROVOST, MAGISTRATES, AND TOWN-COUNCIL.

"My Lords and Gentlemen — Mr. Miller has circulated amongst you a letter, in which he refers to my last communication to you, on the subject of the two reports which are prevalent against him. The whole of you will, I believe, at once perceive

* We have to express our regret that a copy of this letter cannot be found, either in the collection of pamphlets, bound or unbound, of the late Professor Miller, or in any of the public libraries. We are thus compelled simply to refer to it, instead

that his letter contains neither a reply, a refutation, nor an explanation, of any one item of the two reports I submitted to you. Mr. Miller, personally, has not even ventured on a formal denial, neither has he been successful in finding a friend who would hazard an assertion for him. The two letters from Dr. Girdwood and Dr. Christison bear no reference to the subject whatever: instead of disproving or mitigating the reports I laid *substantively* before you, they exhibit a total want of contrary evidence, and show that the statements I reported are really as true as the previous conduct of Mr. Miller and his friends had led me to infer. You will now see that there was good reason for the cautious avoidance of discussion which they manifested when any reference was made to this subject.

"In laying the reports before you, I simply stated what many of you know, and what all would, in a short time, have heard verbally. I made no analysis of the statements in circulation against Mr. Miller, trusting that he would have seen it his interest to meet the whole openly and manfully. The argument would then have rested on the general merits. As he has chosen, however, to shun the inquiry, and to mock the question by a show of evidence, I will, in as few words as possible, supply you with an analysis of the reports themselves, and of the exculpatory testimony he has adduced. You will then be enabled to form an estimate of the credibility of the reports, of the relevancy of *his* proof, and its value in invalidating what has been in circulation.

"The first report I alluded to, contains, as any one will see at a glance, three distinct charges:—

"*First.*—That, in applying a ligature to the carotid artery of Dr. Girdwood's patient, Mr. Miller included the Eighth Nerve.

"*Second.*—That in the report of this case, which he pub-

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of giving it in full; but the unanimous election of Mr. Miller to the Chair of Surgery sufficiently shows the importance and bearing of the letter in question, on those who held the election to this important office.

lished in the medical periodicals, he concealed this circumstance, although he knew such to have been the fact, from what was revealed to him at the examination of the body after death.

"*Third.*—That in his general remarks, in the report alluded to, Mr. Miller attempts to mislead the profession as to the cause of death in such cases.

"It also contains the general and irresistible inference that, if true, such conduct proves him to be incapable of filling the Chair of Surgery with honour to the Institution, or advantage to the pupils.

"In answer to these charges Mr. Miller offers the following letter from Dr. Girdwood :—

"'Falkirk, 25th June 1842.—My dear Sir—In answer to the queries relating to the Carotid case, I have no hesitation in stating, that my opinion at the time of occurrence *was*, and *still is*, that the patient died solely from an apoplectic attack produced by accidental causes, and foreign to the operation.

"'Permit me to add, that should I ever, in my own person, require Lithotomy to be performed, or a ligature to be applied to an artery, I would confidently subject myself to your knife. —I am, truly, J. GIRDWOOD.'

"Such is the evidence in answer.—Let us see what it amounts to ?—

"*First.*—Dr. Girdwood states, that, in his opinion, the patient died of an apoplectic attack.

"*Second.*—That when he requires Lithotomy in his own person, or his arteries tied, he will employ Mr. Miller.

"The second of these is, of course, perfectly foreign to the subject. Dr. Girdwood may employ anybody he chooses when he wishes to enjoy a surgical operation in his person. Should he, however, actually require to have his Carotid ligatured, I will venture to aver, that if his professional experiences have any great influence in determining his personal predilections, his employment of Mr. Miller will evince a headstrong confidence. I fear that, in the hour of trial, he would have some curious forebodings as to the fate of his Eighth Nerve.

"The first is equally alien to the subject. The question is not what Dr. Girdwood's patient did die of. The charge does not rest upon this point. There is a previous question which demanded his first attention. It is, Did Mr. Miller include the Eighth Nerve in the ligature in the operation in question? Dr. Girdwood's testimony on this point is, I know, valuable. In 'the queries relative to the Carotid case,' sent to Dr. Girdwood, was that gentleman catechised on this point? If so, what was his answer? If he was not, submitting him to examination was superfluous. Dr. Girdwood will do much to set Mr. Miller's reputation on a right basis, at this present critical juncture, by rendering a specific reply to the preceding interrogations.

"I will not waste your time, gentlemen, by entering on the consideration of Dr. Girdwood's peculiar opinion as to the cause of death. It is foreign to the subject. It is also not borne out by Mr. Miller's own report of the case, in which, according to him, cough and other suspicious symptoms of pulmonary affections were strongly developed. Instead of asking Dr. Girdwood to treat you to his opinion on the cause of death, Mr. Miller should have called upon him to state what *he actually knows about the inclusion of the Nerve.* Let Dr. Girdwood give the information he possesses on that subject, and the cause of death will be of easy solution.

"Why was Dr. Girdwood alone selected for evidence in this case? There were several others present who knew all about it. Were they supplied with 'queries relative to the Carotid case' also? If so, what were their answers? In his report of the case Mr. Miller refers to Dr. J. Y. Simpson, and says, 'to his kindness my memory is much beholden, in the following account of the case, *previous* to the operation.' Could he not have referred to the same gentleman on the present emergency, for some slight reminiscence relative to the operation or the *post mortem* examination? In the present stress the testimony of so respectable a gentleman would be valuable to Mr. Miller.

"I may remark that, in reference to the operative blunder, it was the most serious that can occur in that region. In Mr. Miller's case I may also state, that there were no peculiar diffi-

culties. The parts were all in their natural condition, and the operation was performed for the cure of an affection seated in the orbit, and remote from the place of the incision. Disease had done nothing to disturb the natural relations. A Surgeon and an Anatomist would have found the vessel at once.

" The two charges relative to the falsified reports are not referred to at all by Mr. Miller. For the opinion of the profession on this baneful practice—and the severe punishment all, who are known to be guilty of it, receive, I refer you to the few remarks on this subject in my last letter.

" The second report to which I allude is as specific and distinct in its charges as the first; it has, however, been as vaguely and evasively met. It asserts—

" *First.*—That a few months since Mr. Miller granted a certificate of Lunacy against a gentleman who was perfectly sane.

" *Second.*—That he had never visited the person in question, to see in what state he was.

" *Third.*—That he granted this certificate upon 'soul and conscience.'

" In reply to these charges Mr. Miller contents himself with publishing a certificate, which he has solicited from Dr. Christison, as to what took place when he was a candidate for admission into the Royal Society. In that letter Dr. Christison states—

" 'The report having been brought formally before the Council of the Society, the transaction which had given rise to it was carefully inquired into by various members who had access to authentic sources of information; and the result was, a conviction on the part of the Council, that the part you had taken in the transaction in question did not affect either *your honour as a gentleman, or your probity as a practitioner;* and, in their unanimous opinion, constituted no ground for their declining to recommend your admission into the Society. You were recommended by the Council accordingly, and duly elected.'

" Such is all the testimony Mr. Miller can produce in extenuation of these serious and veritable charges!

" It is not my province to investigate the mode of doing

business at the Royal Society—it is all of a private nature, and is guided by rules and principles so totally different from what must guide the acts of municipal corporations in the bestowment of a legal and highly responsible educational trust, that no parallel can be instituted. The gentlemen there merely vote away their own company and fellowship—the others are charged with the patronage of an onerous public trust. Among the former, private friendship and acquaintance may modify the results of their deliberations—in a corporate body, principle can alone guide their decisions.

" The practice of the Royal Society in the admission of their own members, can, therefore, form no precedent for the Patrons of the University in the election of a Professor. Their verdict, also, is probably not so conclusive as to preclude further inquiry. ' *Various members* who had access to authentic sources of information,' we are informed, ' inquired carefully,' and the result was, ' a conviction *on the part of the Council,*' of the very kind required to meet the allegation in my last letter; and which, by a curious coincidence, is expressed in the same words—viz. ' that his honour as a gentlemen, and his probity as a practitioner, were not affected !' I do not know what were ' the authentic sources of information' to which Dr. Christison alludes ; but, in support of the allegation contained in the report I referred to, I beg to refer the gentlemen of the Council to the judicial records in the public Prosecutor's office, where they will find the most authentic evidence of the truth of the charges alluded to. They will also find it established, that the nature of Mr. Miller's offence against the provisions of the wise, humane, and protective statute which he deliberately and openly violated, was such, that the Courts of the land found him liable in the statutory penalty.

" It is further to be observed, that Dr. Christison only gives the opinion of others. What his own convictions are we are not informed. Probably Mr. Miller's ' request ' did not extend this length. This is, however, perfectly immaterial, as the written and recorded evidence in the public and judicial records is the only legitimate production in the matter at issue. They are also of easy access. This is the source to which Mr. Miller

should have referred for justification, when he felt himself caught in the vortex of public investigation.

" Mr. Miller has also the usual badinage about anonymous productions. All this was anticipated ; and the writer expected a full measure of the epithets usually employed on such occasions. The writer can submit to them all ; and as the communication of facts to the Council was his object, he will not condescend to retaliate in similar phraseology. Beyond the want of the name, the attack was not cowardly. The letter contained two simple statements—*grave* in their nature, *serious* in their import, and *destructive* in their results, I admit, but still *true*. I did not seek to garnish them by any undue representation of their enormity ; I gave them simply in the words in which they were circulating among the Council. If I gave a form and shape to a current truth, I did not conceal from Mr. Miller what I had done. He was supplied with a copy, and had thus an opportunity afforded of instant reply. As he has failed to accomplish his vindication, I am not to blame for the consequences.

" It is fashionable to condemn anonymous publications ; and generally the fury of the complainant in such cases is in the direct ratio of his own susceptibility. A glass roof keeps the inmate uneasy at every recurrence of a hail storm in his neighbourhood. He never breathes with freedom till the hurricane has subsided ; and any allusion to the tempest re-excites a painful sensibility. It is not to be wondered at, therefore, that Mr. Miller should entertain an 'unwillingness to reply to anonymous attacks,' and should be disinclined to encourage such a 'system of annoyance.'

" You are not to suppose that Mr. Miller and his friends only heard the reports in question when they saw my letter. They had had their attention directed to them, at every turn, for days. In these rencounters the reports were not anonymous, they were stated personally. Of the manner in which they were met, you have a specimen in the evidence of innocence now published. It was a consciousness on their part of the truth of what I stated, that urged to the desperate rally, during last week, for our declarations of support, that they might have the security

of a pledge against the terrible consequences which publicity was sure to procure.

"I have only to repeat, that the law of libel is the only circumstance that induced me to withhold my name. It was neither a conscious weakness of my cause, the dread of a public discussion, nor the fear of other contingencies. There is a cowardly mode of defence as well as of cowardly attack. It is a pity that such an idea never arises in the minds of those who seek a shelter for a ragged reputation under the law of libel, in preference to an open and above-board canvas of its worth. An 'anonymous *slander*' is base, low, and cowardly, because all slander is of that character, and the publication of it indicates the evidence of bad feeling. An anonymous *truth* is, however, simply a truth, and rests on its own merits. The non-recognition of it shows a wish to let it stand unsupported by the influence of a name or the support of a party. It can be met, sifted, argued, defended, and subjected to every process of discussion, with more facility than if it bore a name. Mr. Miller may know this, and if he does not, I can assure him it is true. If the statements are false, they will also recoil upon the head of the inventor. One gentleman puts this most forcibly to the Council, as I see from the report of his speech in the papers of this day. He says, 'Constituted as human nature is, any attempt which goes beyond a due zeal for the interests of a favoured party, much more if it invades the relations which should subsist between one gentleman and another, must almost inevitably recoil on the head of the party whose cause it was intended to promote.' I cordially agree with all that he has advanced on the subject: but truth has no recoil. Its course is onward, and its influence fixed as fate. It ever has told, and ever will tell, in the right direction. I may here remark, that there was no wish to influence the Council other than as the knowledge of two authentic reports might affect them. You have the reports, and you have all that Mr. Miller can advance in his own defence against them.

"Insinuations have also, I hear, been thrown out, that some one of the other candidates is concerned in the production of the letters of 'Spectator.' This is totally unfounded. These

gentlemen receive a copy each at the same time with the Council. Beyond this, they know not one word that they contain. It is fruitless for Mr. Miller's friends to try to screen him behind this shallow device. It is more manly to be overwhelmed in the assault than to seek for such a covert.

"In conclusion, I have only to add, that it is not my province to allude to the conclusion to which these statements and his defence irresistibly lead; but I shall be anxious to learn by what logic his supporters will justify their votes in the result of his producing no more evidence in his behalf. With these matters, however, I interfere not. You, and you alone, are the judges. The facts I have supplied will receive every consideration, and the modification of feeling which they will produce, will be such as truth effects on tempered, educated, and independent minds.—I have the honour to remain, my Lord and Gentlemen, yours respectfully, SPECTATOR."

June 29, 1842.

At the time it was pretty generally believed, from the style and handling of the subject, that Mr. Syme was the author of these letters of "Spectator;" but it was not openly declared till long afterwards. In spite of the letters of "Spectator," Mr. Miller was the successful candidate, and was unanimously appointed Professor of Systematic Surgery in the Summer of 1842.

He was not long installed in this new office before he applied to the Managers of the Infirmary for wards, in virtue of his Professorship of Surgery. While this matter was under the consideration of the management, Mr. Syme published a forcible letter, showing reasons why the Professor of Systematic Surgery should not have wards assigned to him in virtue of his office; but these reasons not being thought sufficient by the Managers of the period, certain wards were assigned to him,

and, at the beginning of the session 1842-3, he entered the Royal Infirmary as one of its ordinary Surgeons. After Mr. Miller's settlement in the Chair of Surgery, with the possession of wards in the Hospital, the angry feelings which formerly existed between him and Mr. Syme seem to have gradually subsided, and ended in a partial reconciliation. That this was never a hearty one will readily appear from what occurred some time afterwards at a meeting of the Medico-Chirurgical Society. At this time Mr. Syme was busy introducing into general practice his plan of treating unyielding strictures of the urethra by external incision upon a small-sized grooved director; and Mr. Miller having met with an unusually obstinate case, requested Mr. Syme to see him, and, if necessary, perform his operation. This Mr. Syme did in Mr. Miller's presence. The operation was successful, and Mr. Syme visited the gentleman alone as the surgeon who had the responsible charge of the case. At the end of three days he was going on well, without a single unpleasant symptom, when Mr. Syme was called to the country, where he was detained two days. On his return he visited the patient, found him going on most favourably, but was told that he had been very ill after he left, but was now well again. All went on satisfactorily, and Mr. Syme took no further notice of the matter, till, at a meeting of the Medico-Chirurgical Society, Mr. Miller read an account of the case, of the operation, and of the dreaded symptoms which he had witnessed three days afterwards, and, arguing from this, he spoke against the operation.

Mr. Syme considered that the case was his, and that he was responsible for anything that happened, and that Mr. Miller had no right to read an account of any of his cases to the Society without his permission. Some correspondence followed, and a further estrangement ensued. This continued till some few months before Mr. Miller's death, when a somewhat unexpected circumstance occurred. Mr. Syme was sitting in his consulting-rooms when Mr. Miller was announced. He entered the room, looking emaciated, pale, and obviously very ill, and immediately stretched out his hand to Mr. Syme. Mr. Syme did not refuse to grasp the hand thus proffered, but at the same time felt much astonished when Mr. Miller stated to him that he had come to ask his forgiveness,—that as he was very ill, with the near prospect of death, he could not leave the world without personally expressing to him how much from the first he felt he had wronged him, and how much sorrow this had latterly caused him. Mr. Syme's was not the nature to refuse such an appeal as this; and in telling this story he used to state how much he appreciated this honest, manly, and Christian-like confession of error. Mr. Miller died soon afterwards, and Mr. Syme attended his funeral as a mourning friend.

The prosecution of crimes in Scotland is carried on by the Procurator-Fiscal, or public prosecutor of each respective district, a system altogether different from that pursued in England. It becomes a consequence of such an office that, in criminal cases resulting from violence or other injuries, it has long been customary for the Procurator-Fiscal to appoint some one whom he

can trust to visit and examine the injured person, and report to him, in order that the proper legal proceedings may be taken against the accused. This plan has its advantages and its disadvantages; the advantages being that it secures for the prosecuting authority a report, on which he can always depend, not only as to the nature and severity of the injury, but also as to the condition of the patient, and his ability to emit a declaration; while, on the other hand, the disadvantages are, that, in private, and especially in respectable circles, the feelings of patients are hurt by the intrusion of a stranger armed with a legal warrant, professional jealousy is excited, and primary evidence is ignored. Many heart-burnings sprang from this source, and the legal authorities were appealed to in vain to remedy the evil, by always taking the evidence and certificates of those qualified practitioners who had been first called to the case. The College of Surgeons appointed a committee to communicate with the authorities and get this matter satisfactorily settled.

At the meeting of the Royal College of Surgeons of Edinburgh, held August 2d, 1853—

"Mr. Syme brought under the notice of the meeting several recent cases in which the primary medical evidence had been passed over by the Procurator-Fiscal in judicial inquiries, notwithstanding that the Lord Advocate had, at an interview with a committee of this College, admitted the justice of his representations, and now moved the following resolutions:—

"1st, That the rejection of primary medical evidence by the criminal prosecutor in cases of judicial inquiry is calculated to oppose the ends of justice.

"2d, That the selection of medical evidence, without regard

to priority of attendance by regularly qualified practitioners, is hurtful to the feelings and injurious to the character of the medical profession.

"3d, That the Lord Advocate be respectfully requested to investigate the system pursued in selecting medical evidence by the Procurator-Fiscal of Mid-Lothian, more especially in the cases of John Collison, tried for the murder of his wife, and John M'Callum, with William Corner, tried for the murder of Patrick O'Donaghue."

"In reply to the communication the Lord Advocate promised to institute an investigation; but, so far as is known to the public, his Lordship has not yet done so."

Attached to this is an instance of imperfect medical evidence nearly leading to a fatal error.

"To the Right Honourable Viscount PALMERSTON, Her Majesty's Secretary of State for the Home Department,

"The Petition of James Syme humbly showeth—

"1st, That your Lordship's petitioner is Professor of Clinical Surgery in the University of Edinburgh, and senior Acting Surgeon of the Infirmary of Edinburgh.

"2d, That your petitioner, on the 9th May, admitted into the Royal Infirmary, under his care, a woman named Agnes Collison, on account of personal injuries alleged to have been sustained in a drunken squabble with her husband.

"3d, That this patient was seized with what is called *delirium tremens*, and died on the 12th May.

"4th, That on the 11th July George Collison, the husband of the deceased, was tried before the High Court of Justiciary for murder, and capitally convicted.

"5th, That at the trial neither the petitioner, nor any of the gentlemen connected with his department of the Hospital, were examined as to the cause of death.

"6th, That the medical men who were examined as to the morbid appearances found on dissection of the body, and as to the cause of death, had not seen the deceased during life.

"7th, That there was therefore a want of evidence as to the cause of death, in a case affording room for diversity of opinion as to whether it should be ascribed chiefly to the injury or to *delirium tremens*.

"8th, That a sentence of death, pronounced under these very peculiar circumstances, should not be carried into effect.

"JAMES SYME."

The following reply was received to the above :—

"Whitehall, 28th July 1853.

"Sir—Viscount Palmerston having received from the Lord Justice-Clerk a report on the case of George Collison, a convict under sentence of death in the gaol at Edinburgh, in whose behalf you have interested yourself, I am directed to acquaint you that, under all the circumstances, his Lordship will feel himself warranted in advising her Majesty to grant the prisoner a pardon on condition of transportation for life.—I am, Sir, your obedient servant, W. WADDINGTON.

"James Syme, Esq., etc. etc., Edinburgh."

But Mr. Syme's efforts to amend the prevailing system of selecting medical evidence were not always attended with the same successful result.

In consequence of another case having occurred in which a gentleman had been sent to examine and report upon the condition of a patient in Mr. Syme's wards in the Royal Infirmary, he again addressed the Lord Advocate on the subject.

In this instance he complained that the individual sent had not personally examined the injuries, but had certified that he had examined the patient, and that his life was in danger.

On the 10th January 1855 a trial before the Lord Justice-Clerk and a jury took place, the issue sent to the

jury being, "whether a certificate had been given without examination?" This was the trial Glover *v.* Syme.

The Dean of Faculty conducted the case for Mr. Glover, and Mr. Patton for Mr. Syme; and, after a lengthened summing up by the Lord Justice-Clerk, the jury retired, and shortly afterwards returned with a verdict for the pursuer, awarding £250 damages. This, together with the expenses on both sides, paid by the defender, amounted to £800.

On Mr. Syme meeting his class for the first time after this decision, he said:—

"Gentlemen—I regret not being able to meet you on Thursday last, and as you all probably know the reason of my absence, I may mention that the result of the trial which then took place, however unexpected, surprising, or incredible, so far from opposing is calculated greatly to promote the object which led me within the toils of the law. This was neither to make money nor to avoid the loss of it, but simply to maintain the honour and character of our profession. For some time past the criminal authorities here have pursued a system of selecting medical evidence that calls loudly for reform, which is not easy when the members of the body concerned regard my suggestion for improvement as an unwarrantable interference.

"But the head of the Justiciary Court has now promulgated from the Bench the principles upon which the law of Scotland is administered in this respect, and it will now be the duty of the Legislature to consider how far the people of this country can live with comfort or safety under such a system. Not long ago certificates of lunacy were carelessly given; but the law was changed, and personal examination has been strictly enforced, so that a practitioner of this city who certified from his belief founded upon information, instead of his knowledge derived from observation, was stimulated to greater accuracy by a fine of £50.

"Now, the effect of a certificate that life is in danger seriously compromises the personal freedom of those charged with the in-

fliction of injuries, since the offence is thus rendered no longer 'bailable;' and I cannot doubt that before long measures will be taken to prevent any medical man from certifying, on soul and conscience, that life is in danger on account of injuries which he has not examined, and justifying himself from the charge of inaccuracy by attributing it to the erroneous information of others. Having carried the matter so far, I can do no more; and the responsibility of tolerating the grievance in question will for the future rest with those who have the power of remedying it, while I shall possess the comfort of knowing that what was felt to be a duty has been discharged without regard to trouble, expense, or misrepresentation."

The Lord Justice-Clerk took an early opportunity of addressing the Court as follows:—

"Your Lordships are well aware that I care as little as anybody for any remarks that may be made about me out of doors. But I think it right to make a statement in regard to this case, because there might otherwise be an impression left on the minds of the public most detrimental to the administration of criminal justice in the kingdom, and tending to create great distrust of the way in which the office of public prosecutor is discharged. After the late trial I saw published the report of a lecture by the very eminent surgeon who is the defender in this case. Your Lordships will recollect that the calumnies complained of by Mr. Glover arose in consequence of Mr. Syme thinking there were improper practices going on in the country, particularly in the county of Edinburgh, and under the authority of the Lord Advocate, with regard to taking secondary medical evidence, instead of taking what is called primary medical evidence; that is to say, omitting to call the individuals who had attended the parties that may have died, and sending the police surgeon or others to inquire about them, and using them as medical witnesses instead of those who could give the best information. And it was in the course of Mr. Syme's remarks on that subject that he made those reflections on Mr. Glover, which ended in a verdict against him with £250 damages.

Now, my Lords, I see that in that lecture, which seems to have been published with his authority, Mr. Syme, having evidently received some most extraordinary misrepresentations of what passed at the trial, says, that having done all he could to correct this great defect, which, if it existed, would be a great defect in the administration of justice, it had now received the sanction of the Judge at the head of the Court of Justiciary; and that the country, unless it chose to take the matter up, must suffer the consequences of that system. Now, it so happened, as the counsel in the case well know, that my great object was to tell the jury that we had nothing whatever to do with that matter at all, and that the sole question to be tried by them was, whether there were certain calumnies in these papers against Mr. Glover individually. No doubt the eloquent counsel for Mr. Syme, Mr. Patton, endeavoured to enlist the feelings of the jury in favour of Mr. Syme, by saying that he was fighting a public battle; and if he used some language which was a little strong, it ought to be forgiven from the motives for which it was used. But my object was specially to tell the jury that neither they nor I had anything to do with this at all. So far from giving any approbation to that course which Mr. Syme condemns, on that or on any occasion, I have, both in the High Court and on Circuit, commented pretty sharply on cases in which the surgeon first called in, and who had attended the deceased or injured person, had been omitted. But in this instance I pointed out to the jury that Mr. Glover had been sent for to see a boy in the Infirmary, not with a view of giving medical evidence, but solely for the purpose of telling the Sheriff whether he was in a fit state to be examined or not, in case his life was in danger.

"So far as I am concerned personally, I should never have noticed this matter, but that it might have created great distrust in the administration of criminal justice if that statement went without contradiction. I therefore think it right to notice it, though I would not otherwise have done so. It must be satisfactory to Mr. Syme to be informed that that statement was a total and complete misrepresentation of what passed at the trial."

These remarks called forth from Mr. Syme the following in reply :—

"Gentlemen—In adverting to the late trial which so deeply concerned the character of our profession, I intimated my intention of abstaining from any further attempt to oppose the present system of selecting medical evidence in Scotland, under the impression that anything in my power to remedy this grievance had been over. But it appears from the newspapers, as you will see, that the Lord Justice-Clerk has thought proper to make, from his seat on the Bench, a reply to my statement, which cannot be allowed to pass unnoticed.

"At the trial Mr. Glover declared that his mind was satisfied as to the state of the boy 'Clark' before he saw Dr. Dobie, while it was proved that neither then, nor at any other time, had he seen or examined the injured parts. Yet, according to what was stated to be a *verbatim* report of his charge, published in the *Lancet*, the Lord Justice-Clerk told the jury that Mr. Glover was warranted in certifying, on soul and conscience, as to the existence of a fracture, because he had been informed at the police office that there was one. The Judge then, in the most public and authoritative manner, recognised the validity of secondary or hearsay evidence. But, now that a storm of indignation has been raised throughout the country, he tells us that he never meant to sanction any undue laxity in the admission of medical testimony, it being well known that he is almost over scrupulous in this respect. As it would, however, be rather difficult to reconcile his charge in the Jury Court with his practice in the Justiciary Court, he endeavours to establish a new distinction in the value of evidence. Hitherto it has been supposed to depend upon the source from which the evidence proceeds ; but, according to his Lordship, it should be estimated with the object in view—secondary or hearsay evidence being quite sufficient to put a man in prison, but unavailing in restoring him to liberty.

"Thus, the peculiar sort of evidence collected by the Procurator-Fiscal for immediate use fully warrants the Lord

Advocate or Sheriff to incarcerate for alleged offences, while testimony of a similar quality, afterwards produced at the trial in defence of an accused party, would, the Lord Justice-Clerk says, instantly be set aside.

"My colleague, the Professor of Medical Jurisprudence, will therefore, in future, have to tell his class that, according to the present administration of criminal law in Scotland, there are two sorts of evidence, which may be distinguished as hearsay or Procurator-Fiscal's, and authentic or that of the Justiciary Court.

"But if the Lord Justice-Clerk's Court is so fastidious as he alleges in regard to the admission of medical evidence, I should wish to ask how it could happen that a man was sentenced to death by this tribunal for the murder of a woman, without any examination of the medical men under whose care she died, or any information as to the cause of death except from persons who had not seen her in life.

"Be this as it may, I venture to hope that my efforts to expose the impropriety of employing secondary evidence in judicial investigations will not prove fruitless. Attention has now been fully wakened to the subject, and I need hardly say that the most obstinate adherence to official custom cannot long resist the force of public opinion."

The medical press of the day was loud in reclaiming against this verdict. The *Lancet*, in a leading article, censured the conduct of the presiding Judge in no doubtful terms, and declared that he acted the part of a special pleader rather than displayed the calmness and impartiality which should characterise the judicial bench; and that he interfered with the evidence bearing on Mr. Syme's case, and would not allow Mr. Syme's counsel to examine any medical man with a view to construe the meaning of a medical certificate. As regards the principle contended for by Mr. Syme

there can be no question, for no one can speak so decidedly as the surgeon or official in charge.

In the year 1840 Mr. Syme took charge of a case of stricture of the urethra, recommended to him by the late Dr. Hay. The case was that of a gentleman between forty and fifty, who had had stricture in a severe form for twenty years. Mr. Syme first tried dilatation in the usual way, but it proved ineffectual, and a further experiment of retaining the catheter for a period of ten days succeeded no better.

"Some months afterwards," he says, "I divided the stricture four inches by means of a catheter containing a lancet blade, still no relief. I then determined to try the use of a catheter with two lancet blades, one above and below,—still no relief. Then," says Mr. Syme, "the patient now protesting that life was not desirable under the torment of his complaint, and entreating me to employ some efficient measure of remedy, no matter at what expense of pain or risk of danger, I resolved to divide the stricture by free external incision. With this view a small staff, grooved on its convex side, having been introduced, I made an incision in the raphè of the perineum, from the bulb to the anus, and then feeling for the stricture, which was easily recognised by its surrounding induration, ran the knife fairly through the whole extent of thickened texture. A full-sized catheter was substituted for the staff, and retained for a few days. The patient suffered little from the operation, except some uneasiness from irritation caused by the urine passing through the wound. When it closed he felt quite well, and he continues to do so, though thirteen years have now elapsed. He has never required the bougie, and in every respect enjoys the most perfect health."

The peculiar and fundamental principle of the treatment above recommended is to divide the stricture by an external incision, not at random, as by the procedure

formerly in use, but with certainty and accuracy through the assistance of a grooved director passed fairly through the contracted part of the canal.

The success of this case induced him to persevere; and as case after case came on, and was so treated, he speedily found that tendency to a return of the stricture exhibited itself in some instances. This, Mr. Syme was not long in discovering, arose from his not dividing to the fullest extent the indurated stricture. He lost no time in announcing this fact to the profession, cautioning them in every way, and encouraging them, by example and the publication of his cases, to adopt this mode of procedure in those severe cases which resisted the dilating power of bougies, and which had turned out so satisfactorily in his hands. As he himself says, his plan was bitterly opposed by societies, journals, and individuals, who have paraded the deadly statistics of groping in the perineum without a guide, or opening the urethra behind the stricture, as arguments against adopting his proposal. The distinction he originally drew was overlooked. He never contemplated recommending any one to grope in the perineum without a guide, but carefully to cut through the stricture "with the assistance of a grooved director passed fairly through the contracted part of the canal." As his English neighbours were unwilling to give up their favourite theory of impermeability, Mr. Syme offered to take into the Royal Infirmary of Edinburgh all their cases of impermeable strictures, and publish the results. This offer, however sincerely made, was characterised as a "challenge," a vain boast, and nothing came of it; but

it certainly led to a large number of private patients coming to him for this purpose. If he did not get hospital ones, he got what was far better, both those that tested his statements and experience, and those that paid him for the operation and attendance.

"Having declined no case presented for treatment and operation, at all ages from seventy-seven downwards, as well as under every variety of complication, from long existence, alleged impermeability, and the false passages of previous mismanagement, I have now (1st November 1849) performed the operation 108 times, with only two fatal results. These arose from pyæmia."

In the hands of others, too, this operation proved highly successful; but there were not a few, especially of those who had been previously controversially engaged with him, who did not hesitate to sneer at the results of his treatment, and even to deny their accuracy. Prominent amongst those stood Mr. Lizars and his assistant Mr. Mullar. Stung to the quick by Syme's success, and the great practice it was bringing him, they not only openly stated, but published their views, which simply amounted to a denial of the truth of Mr. Syme's statements, and urged the danger of bleeding, extravasation of urine, etc. In June 1851 Mr. Syme, being then one of the conductors of the *Monthly Medical Journal*, addressed a letter to the editor of the *Medical Times and Gazette*, in reply to an article upon the subject of a paper war which was said to be raging between the two Edinburgh Professors, Syme and Lizars, regarding the value of Mr. Syme's operation of external incision in stricture of the urethra. This letter the editor would not insert, as certain passages in it were supposed to contain a libel

by the English law. It was therefore published by them without these passages, which rendered it altogether meaningless. He soon afterwards introduced it into the *Monthly Medical Journal* for August 1851, in the form in which it was originally sent to the editor of the *Medical Gazette.*

"Edinburgh, June 26, 1851.

"Sir—I have only to-day happened to see your journal of May 16, which contains some statements that certainly should not have remained so long unnoticed if they had been known to me sooner.

"You say a fierce paper war has arisen between the two Edinburgh Professors, Syme and Lizars; but you must, or at least ought, to know that I have not addressed a single word upon the subject in question to the so-called 'Professor,' regarding him as being placed beyond the pale of professional respect and courtesy.

"In estimating the value of my operation, you proceed upon the supposition that the allegations of Mr. Lizars and his assistant, Dr. Mullar, are well founded; but in fairness to your readers, if not to myself, you should have mentioned that the statements of these persons, in so far as they attribute bad effects to the operations which I have performed for the remedy of stricture by division, have been declared by me to be all utterly devoid of truth.

"Within the last eight months I have performed this operation nine times in the Royal Infirmary of Edinburgh, in presence of the largest class of surgical clinical students in her Majesty's dominions. These gentlemen can testify that in no instance has there been bleeding, extravasation of urine, or any other unpleasant consequences, and that all the patients speedily and completely obtained the relief which they desired.

"As you say that something more than the guarantee of Mr. Syme's reputation is wanting to assure the surgeon that he would be justified in having recourse to the proposed operation, I beg to inquire if you think the evidence thus afforded suffi-

cient, and if not, what further proof you deem requisite to establish the safety and efficiency of my operation.—I am, etc.,

"JAMES SYME."

The above letter formed the basis of an action in the Court of Session by Dr. Mullar, Mr. Lizars' assistant, against the conductors, publishers, printers, etc., of the *Monthly Journal.* It resolved itself into the action Mullar *versus* Syme. The issue sent to the jury was as follows :—

"Whether the statements contained in the foregoing article of said Journal are of and concerning the pursuer, and falsely, calumniously, and injuriously represent the pursuer as the assistant and associate of a person who is described as having been long excluded from and unworthy of the respect and courtesy of the medical profession generally, and of his fellow practitioners therein ; and as being united with the said person in joint medical publications, and in the culpable propagation of false statements regarding diseases and medical operations of great importance to the health and lives of individuals ; to the loss, injury, and damage of the pursuer ?"

Damages were laid at £1000. In the course of the trial many medical witnesses were examined as to the interpretation which they put on that part of Mr. Syme's letter in which he speaks of Mr. Lizars as being long placed beyond the pale of professional respect and courtesy. The trial occupied the whole day, and the Court was crowded. "The jury retired, and after brief deliberation returned a verdict for the defender."

The *Lancet* thus notices the trial, without giving any particulars—

"This action was brought by the plaintiff, Dr. F. G. W. Mullar, against Professor Syme, for the publication of an alleged

libel. The plaintiff in this case, by some extraordinary perversion of judgment, took to himself some very severe remarks which had been directed by Mr. Syme against Mr. Lizars. It appears to us that the plaintiff was destitute of a single fact which was calculated to sustain his accusation. If the plaintiff, Dr. Mullar, was induced to plunge into this action in consequence of any strong advice tendered to him in this respect by his 'lawyers,' we think that he should call upon them to pay the heavy costs of the suit. It appears to us to be one of the most groundless actions for libel that ever was instituted."

Another journal remarks—

"This individual, Dr. Mullar, who was thought so deserving of credit in London, then fled from Edinburgh to avoid the consequences of debts so shamefully incurred, and left Mr. Syme to pay the costs of his successful defence against unjust attacks. This he has done to the amount of £633 : 17 : 8, and we think the fact worthy of record as an illustration of the penalties that may be attached to the progress of improvement. If anything could call a blush into the brazen countenances of the London hebdomadaries, this result of their paltry policy might well do so."

Mr. Syme's conservative feelings did not fit him for promptly adopting any novelty in practical Surgery. The introduction of anæsthetics into practice did not meet with his approval at first, and when he went into the operating theatre of the Royal Infirmary at one of Mr. Miller's operations in which they were used, his account was that he thought at first that he had mistaken the place. He found himself surrounded with so many clergymen belonging to the Free Church, that he at first doubted whether he had not intruded upon a meeting of Presbytery. He soon after this, however, yielded to a belief in their efficacy, especially after the introduction of chloroform. The disagreeable feeling

which had been engendered between him and his colleague, Sir James Simpson, by his opposition to anæsthetics, was soon afterwards healed. Sir James was suffering from an abscess in the armpit, the result of a puncture in the hand, and Mr. Syme was sent for to relieve him. This he did speedily and effectually, and a mutual reconciliation took place. But early in the year 1863 Sir James introduced into practice what he called acupressure, or a means of occluding blood-vessels without the use of any ligature. This was performed by the introduction of needles of various lengths pressed through the soft parts, and so brought to bear on the bleeding vessels that their walls were pressed together and hæmorrhage suppressed. This practice was readily caught up, from the plausibility of the arguments adduced, and from the cases in which it had proved successful in the hands of various practitioners in different parts of the country. Mr. Syme set himself against this practice at the very outset, continuing his confidence in torsion or the ligature.

"When it was proposed to suppress hæmorrhage by needles instead of ligatures, I expressed disapproval on the ground that such a proceeding was uncalled for, inexpedient, and in most cases impracticable; so that, when contrasted with the facility, safety, and efficiency of the ligature, it reminded one of the powders for killing fleas, which required that each of them should be seized by the nape of the neck, so as to make them gape and admit a mouthful of the poison. When other objectionable proposals were forced upon attention, I pursued the same course; but while thus defending my own province from the injurious inroads of a would-be improver, I have scrupulously avoided any interference with projects relating to other departments of teaching. Thus, when it was proposed to accelerate

the progress of sluggish babies in entering the world by employing sucking-pumps to their tender scalps, however much commiserating the helpless victims of an inventive genius, I left the matter entirely to my obstetric colleague and his pupils. It appears that my example in this respect has not been followed, and that in a pamphlet recently published I have been charged not only with ignorance of my profession, but with want of good faith in teaching it. Such vulgar insolence I treat with the contempt it deserves."

Sir James Simpson, in replying to this statement, averred that Mr. Syme objected to acupressure solely on theory and hypothesis.

"He has not, I believe, in one single instance, either himself used, or seen other surgeons use, acupressure, and hence he is still entirely unacquainted with the subject practically. Other surgeons who have used it are in a far better condition to pronounce judgment upon it; nor am I without hope that he may change his opinion upon this point also. I have always advocated ovariotomy. After denouncing that operation for years, Mr. S. has latterly given in his adhesion to its propriety. At first he opposed anæsthetics in surgery as strongly as he now opposes acupressure, yet betimes he yielded on that question.

"Lastly, sir, I regret, for Mr. Syme's own sake, that he persists in maintaining, in his letter to you, that in destroying my pamphlet publicly before his class, by tearing it into pieces with his fingers, he gave it the only reply it deserved. I appeal on this point to every member of our common profession whether this was a proper piece of ethical instruction on the part of any teacher of youth, and especially on the part of one, as Mr. Syme is, of the twenty-four members of the Council of Medical Education in the United Kingdom."

A new estrangement was thus commenced, and increased instead of being diminished by the correspondence in the newspapers and the *Lancet;* and although by and by it toned down, the feeling of hostility was

never quite removed. On the occasion of both Mr. Syme and Sir James Simpson being in Dublin to receive honours in recognition of the high place they respectively occupied as surgeon and physician, Sir D. Corrigan was very anxious to bring about a reconciliation. He urged the occasion, the willingness of Sir James, and other points; but Mr. Syme was resolved that, having once made peace which had been recklessly broken, he would not do so again. Thus the matter ended, and their estrangement continued to the last, to the great disappointment of many of their friends who knew the excellent qualities of both. It was at the same time felt that anything like openly expressed opposition to their received views and opinions formed a barrier too great to be surmounted by either.

As with all public men, and especially with one like Mr. Syme, bent on the propagation of new truths and experiences, there are many jars in the journey of life which give rise to differences of opinion and correspondence; so during the long time that Mr. Syme occupied the prominent position of the first surgeon of Europe, it was impossible to believe, taking into account his temperament, that some such experiences of this kind should not occur. The only other difference which occurred was towards the end of Mr. Syme's life. He had reached the summit of his profession; honours had been and were still being poured on him from all quarters; he had taken an active interest in medical reform, and had been early chosen as one of the twenty-four members of the Medical Council of the kingdom, who had the control of medical affairs. The active

part he had always taken in this body led the members, on the resignation of Dr. Burrows in 1869-70, to look to him as their future president.* This pleasing and honourable prospect to a man of Mr. Syme's years was broken by Dr. Bennett, his colleague, the Professor of Physiology, in a letter to the editor of the *British Medical Journal*, entitled "Mr. Syme and the Medical Council:"—

"Sir—I observe in your pages that a movement is on foot to place Mr. Syme in the Medical Council as its President. Surely that must be done in ignorance of the views entertained by that gentleman as to medical education. Whatever impression may exist of Mr. Syme's qualities in London, in Edinburgh he must be recognised, by all earnest investigators and teachers of medicine, as one of the most determined and influential obstructors to its progress. This is much to be regretted, as there can be no doubt that his long standing in the profession, his reputation as a surgeon, his tact, ability, terseness, and, let me add, unscrupulousness in argument, give him very great influence in public assemblies. It is for these very reasons that, at this crisis in the history of medical education, his presence in the Medical Council is to be regarded with apprehension. . . . .

"J. HUGHES BENNETT."

To this Mr. Syme replies—

"It is hardly necessary to say that I never characterised 'microscopes and ophthalmoscopes' as physiological 'toys.' What I have said is, that this title seemed applicable, not to these most valuable instruments, but to those which, instead of promoting the progress of science, simply demonstrated certain ascertained physiological facts.

"As to the dissection of living animals, I have always ex-

* See *British Medical Journal*, January 23, 1869, and other medical journals of same date.

pressed the opinion that it was warranted for scientific investigation, but not for merely exhibiting the results so obtained.

"In regard to Clinical Surgery, I have taught it in the way that appeared to me most useful, and my pupils have never complained of their instruction. During the last twenty-six years there has been no alteration whatever in the mode of conducting my lectures."

To this letter Dr. Bennett replied, with a reiteration of his statements. Mr. Syme immediately brought the matter before the University Court in the following letter :—

"My Lord and Gentlemen—I beg to submit, for consideration by the University Court, a letter which was published in the *British Medical Journal* of Saturday last by Dr. Bennett, Professor of the Institutes of Medicine. This letter, while extremely offensive throughout, contains five distinct false and calumnious statements seriously affecting my character as Professor of Clinical Surgery.

"These are, 1st, That Clinical Surgery in the University of Edinburgh is a complete misnomer; 2d, That late in life I changed my teaching; 3d, That the Clinical Surgical wards are shut against the students; 4th, That no Hospital visits are made by me; 5th, That the Medical Faculty brought the evils of my system of teaching under the notice of the University Court. The effects of these statements, especially at a distance, must be so injurious to the University, that I trust the Court will deem them deserving of an early and searching examination.

"JAMES SYME."

Again, May 18, 1868 :—

"My Lord and Gentlemen—I beg to transmit the following replies to the statements of Dr. Bennett :—1st, That the teaching of Clinical Surgery in Edinburgh is now, and has long been, regarded as one of the best features of the medical school; 2d, That I have not made any alteration whatever in my system of teaching during the last twenty-six years; 3d, That the students

have access to all the patients from twelve to one o'clock; 4th, That I visit the Hospital every day, except occasionally on Sunday, and when absent from Edinburgh; 5th, That the Medical Faculty never brought the evils of my teaching under the notice of the University Court. JAMES SYME."

The following extract from the Minutes of the University Court was the result of these representations:—

"22d May 1868.

"The Court direct the Secretary to inform Mr. Syme that no charge has been made against him before the Court; but that, should such a charge be made, the Court will afford him the fullest opportunity for reply. The Court do not consider it a part of their duty, under ordinary circumstances, to take cognisance of newspaper articles, or offensive language which may be written or used by individual Professors. At the same time the Court expresses its deep regret that such strong language should have been employed in the correspondence now submitted, and particularly that charges should have been made by Dr. Bennett, which have a tendency to damage the interests of the University. The Court direct a copy of this minute to be sent to Dr. Bennett."

This was the last disagreement which Mr. Syme ever had. His sudden illness occurred soon afterwards, and put a stop to his election to the President's Chair of the Medical Council. There was therefore no further notice taken of the matter either by Dr. Bennett or himself.

We have considered it our duty to lay before our readers this account of his controversies, for to have passed them over would not have been doing justice to his memory. He was a man of war in the fullest sense of the term, doing battle for principles, and without any aim at self-aggrandisement or advantage; indeed, as

will be sufficiently manifest, he often, at great cost to himself, fought the battles of his profession single handed, and with the sole object of advancing its interests and placing it on a fair and secure basis. The causes which led to his controversies have been much misunderstood, but we have placed them before our readers, as nearly as possible in his own words, and in those of his opponents; and the judgment to be passed upon them, whatever that may be, must now lie with posterity.

CHAPTER XIV.

On the Situation of the New Royal Infirmary, commonly called "The Battle of the Sites."

WE now come to the last act in the drama of life, in which Mr. Syme was destined to be a principal performer. The records of the struggle for the site of the New Infirmary of Edinburgh he has left in a most complete condition.

It will be necessary to mention, by way of premise, some particulars of the way in which this "battle of the sites" was brought about. The original Royal Infirmary of Edinburgh was built and incorporated by Royal Charter, dated 27th August 1736. The style of buildings at that time was essentially different from those of the present century. They wanted the height of roof, abundant ventilation, and other requirements, which increasing civilisation demands. It need not therefore be a matter of wonder that complaints of the state of the wards in the Medical House were continually before the Managers, or that they, by refusing to take this matter into consideration, were impeding the progress of the greatest medical school in Britain, and giving other schools, which had hospitals with large and well-ventilated wards, a decided advantage.

These remonstrances appeared so plausible, that the

Managers referred the matter *simpliciter* to the first meeting of contributors, at which it was unanimously agreed, that as a new Medical Hospital seemed to be much required, a committee of contributors and managers should be appointed to investigate, and report. This was accordingly done. As the inquiry proceeded, the committee had no difficulty in determining that a new Medical Hospital was absolutely required; but as the Surgical department had been but recently altered and amended, at a cost of nearly £18,000, it became an imperative duty for the committee to ascertain how far the Surgical department could be continued without change. It was determined to take the evidence of the acting surgeons on this point, and Mr. Syme's evidence was taken first. He then stated (22d February 1866) that the

"old High School is a remarkably healthy Hospital. I don't believe that there is a more healthy Hospital in her Majesty's dominions."

But, in regard to the other parts of the Surgical Hospital, he agreed with the other surgeons, and suggested a variety of alterations, which he thought would remove the objections.

He was further asked—

"Supposing the ground to be cleared, and that you had an opportunity of building a new Hospital according to the best plan in your view, could you point out any available situation which would be an improvement on the present ground?" "Certainly not; I think the present situation the best possible, both as regards convenience and salubrity. I have always thought so. I think it is the best site for a Medical and Surgical Hospital"

"Do you prefer the present site to that of George Watson's Hospital?" "Yes." "Why?" "I think George Watson's grounds are too exposed; the wind comes with great force from the west, and it might be difficult to keep the windows open. It is a very nice situation, but it has always been thought desirable —not at any sacrifice of the patients' interest of course—that the Hospital should be connected with the Medical School. Now, I believe, that even if you were at that moderately increased distance, you could not connect the two. At present I am obliged to allow my students seven minutes to come from the College to the Surgical Hospital, and even then there are some stragglers. Seven minutes is the minimum, but I am sure if it was at George Watson's Hospital you would have to give a quarter of an hour; and that settles the question." *

The result of the investigation by the joint committee of managers and contributors was a unanimous report that—

"in these circumstances, being now in possession of a site which is perfectly healthy, and into which more air and light may still be let in the manner suggested (say by removing the buildings between the University and the Infirmary), with buildings on it sufficient for the whole Surgical department, of great pecuniary value, and probably as healthy and as suitable for all practical purposes as any other that might be erected, and the site, moreover, in the most favourable position with reference to the University, and also to the Extra-Academical Medical School, the Joint Committee are unanimously of opinion that, even on the supposition that the situation of George Watson's Hospital is on the whole preferable, there is no such superiority in it as would justify the pecuniary sacrifice implied in the removal of the Royal Infirmary there, and therefore that the present site should be retained, and the New Medical Hospital erected thereon."

"This was approved of by the general meeting of Contribu-

* Managers' minutes.

tors, and the Managers were instructed to carry out, to the best of their ability, the rebuilding of the Medical Hospital."

It must always be kept in mind that considerable difference of opinion existed among the Managers, the Medical and Surgical officers, and the Medical profession generally, regarding this proposal to build again on the old site, and one special objection was urged by Dr. Andrew Wood, and has now proved itself to have been of importance — viz. that great inconvenience would have been thereby occasioned to the patients and Hospital staff for a series of years. This was not thought much of at the time, but has shown itself strongly since. The greatest difficulty would have been encountered in providing for the medical requirements of the Infirmary in other houses and places; and it is impossible to say how much the important interests of the Medical School might have been affected by such an arrangement.

But as the Managers and Contributors had now come to an agreement to build on the old site, an appeal to the public for subscriptions was at once determined upon. A committee was therefore named, with Mr. T. J. Boyd, at that time Master of the Merchant Company, as its convener, and Mr. Colston, Treasurer of the City of Edinburgh, as secretary. A subscription-list was set on foot, and all exerted themselves to the utmost with their wealthy and influential friends; but it is not too much to say that, while every one did his best, the credit of obtaining the large sum of money which was ultimately procured was principally due to Mr. Boyd and Mr. Colston.

These gentlemen, not content with having frequent

meetings in Edinburgh, made the tour of the principal towns of Scotland, addressing the inhabitants, and impressing upon them the necessity of liberally supporting a charity, which afforded the afflicted at any moment the best advice and Medical and Surgical relief that could be obtained. Their exertions were so great, and their success so wonderful, that in less than six months they managed to add to the building fund of the new Infirmary the munificent sum of £68,000.

In this state of affairs everything seemed prosperous. A reserve fund, set apart for the same purpose, had been gradually accumulating in the hands of the Managers, and had now reached £40,000; so that, with £108,000 at their disposal, the Managers determined at once to commence the new Infirmary, by applying for an Act of Parliament, enabling them to secure the necessary buildings around the present site. Matters, however, soon took a new and somewhat unexpected turn.

We have already mentioned that many of the Medical and Surgical officers of the Infirmary were decidedly adverse to any change of site; and as the proposed City Improvements, inaugurated with so much forethought and care by the late Lord Provost Chambers, promised to give new lungs and vitality to the old site, by clearing away the buildings which surrounded it on all sides, it was generally thought that the money having been specifically subscribed for the rebuilding of the Infirmary on the old site, no new site could now be contemplated.

Soon, however, a tempest arose when least expected; the demolition of the range of houses opposite the Col-

lege, which were estimated to cost £40,000, being declared to be a waste of money.

Then came the proposal to demolish not the whole range of buildings, but only such a portion in the centre facing the College gate as would suffice for the construction of a large archway, through which the front of the new Infirmary would be conspicuous from the street.

It is not difficult to see what induced Professor Syme to turn round, in 1868, from the evidence he had given so strongly in favour of the Hospital on the old site in 1866. Two years' experience had taught him an important lesson. Erysipelas and pyæmia had broken out more than once during that period in his wards; and although the improvements he had suggested had been carried out by the Managers to their fullest extent, and at great expense, still those dire diseases ever and anon appeared, and cut off some of his best and most interesting cases. Another element which produced this apparently sudden change of opinion must have occurred to him—viz. that while the Medical house was to be rebuilt in the newest and most approved style, the Surgical wards were to be left as they were, with all the disadvantages above referred to.

One who looked beyond the present, like Mr. Syme, must readily have foreseen that if the Medical Hospital was to be rebuilt on the newest and most approved plan, the only chance of obtaining a Surgical Hospital suited to the requirements and prominence of the Edinburgh School, would be lost, unless carried into effect at the same time as the Medical Hospital. He was not a man to ponder and delay, but, with all the spirit

and alacrity which he had shown in his earlier days, he immediately addressed a letter to the contributors, and circulated it amongst them all, at his own expense, pointing out how desirable it was to acquire a new site, and build at the same time both a Medical and Surgical Hospital, which would be at once an ornament and a credit to the city and metropolis, and a great inducement to medical students to choose Edinburgh as their school of instruction. His letter ran as follows :—

" To the Contributors of the Royal Infirmary.

" My Lords, Ladies, and Gentlemen—I beg very respectfully to submit for your deliberate judgment the following facts and considerations :—The appeal for assistance to build a new Hospital having been responded to by the subscription of £67,000, the Managers of the Royal Infirmary, however incredible it may seem, are resolved to spend very nearly the whole of this sum on the purchase and removal of houses bounding their ground. If there were no other site suitable for the purpose this prodigious expenditure of money might be warrantable for lessening the inconvenience that results from the present confined space and dense surrounding population.

" But, so far from such being the case, there is now an opportunity of acquiring another situation in every respect infinitely superior, and there is reason to believe at a price far below that which will be required for demolishing the houses opposite the College. This is the ground of George Watson's Hospital ; it is nearly nine acres in extent, lying on the southern slope of Lauriston, the healthiest and pleasantest part of Edinburgh, permanently secure on all sides from buildings, and at the distance of three minutes' walk from the College.

" The proposal of the Managers to build merely a Medical Hospital implies the belief that the Surgical department is in a satisfactory state, and, if carried into execution, would necessarily for a long period prevent any alterations of it in the way of improvement.

"But it should be recollected that at the meeting of contributors in 1866 the ordinary surgeons made a very serious complaint with regard to the wards under their charge, which they said were totally unfit for the satisfactory treatment of Surgical cases, on account of the pestilential atmosphere which constantly prevailed, and gave rise to all sorts of baneful effects.

"This statement, having made a profound impression, led to the appointment of a committee, composed partly of Managers and partly of contributors, for making a full investigation of the grounds upon which the Surgeons had founded their representations. To that committee, over which the Sheriff of the county presided, the facts that had been alleged were fully substantiated, and no doubt left that the Surgical wards in question were altogether unfit for the satisfactory treatment of Surgical cases.

"Towards the conclusion of this inquiry I was asked to give my opinion, and then stated, that while fully concurring with my colleagues as to the necessity of obtaining a more salubrious field of action, I would suggest the expediency of remedying some obvious architectural defects, before resorting to the extreme measure of doing away with the existing wards.

"The consequence of these alterations was a great improvement in the internal aspect of the Hospital, and it was hoped a corresponding change for the better in regard to its salubrity.

"But, unfortunately, the sanguine expectations thus entertained have not been realised; and although the ordinary Surgical wards are not so bad as they were, that terrible *pyæmia*—the scourge of unhealthy hospitals—is still distressingly frequent, together with other indications of imperfect ventilation.

"The department committed to my care as Professor of Clinical Surgery is contained in the old High School, which was converted into an hospital, with very little change of its structure. Nevertheless, the wards have been tolerably healthy, until they were made to communicate with those of the ordinary department, but since then have exhibited a much greater tendency to the production of serious derangement. But even if all the Surgical wards were free from objection on the score of salubrity, they would still be quite unworthy of the Royal Infirmary.

During the forty years which have elapsed since the old High School was converted into an hospital, great improvements have been introduced into the construction of establishments for the treatment of disease; and almost every large town affords evidence of the change which has taken place in the ideas of what is requisite for the purpose. It is therefore with no pleasant feelings that I receive the visits to our Hospital, so frequently paid by members of the profession from all parts of the world, who must necessarily make injurious comparisons of the spacious, convenient, and well-ventilated wards seen elsewhere, with the mean, rambling, and altogether incoherent arrangements of our Surgical department. It therefore seems most desirable, or rather absolutely necessary, that the new Hospital should contain accommodation for Surgical as well as Medical cases, so as to extend its benefits to all classes of patients.

"If the new Infirmary is erected on its present site all the existing buildings must be removed before a foundation-stone can be laid; and in this case Edinburgh would be without an Hospital for at least three years, with what injury to the suffering poor and the Medical School may be more easily imagined than described; while, if constructed on another ground, it could be completed without any disturbance of the old one. This consideration is of such obvious importance, that, if standing alone, it would seem sufficient to prevent any doubt as to the expediency of moving to another situation instead of remaining in the present one. But when the confined smoky condition of the latter is contrasted with the airy, cheerful, and salubrious site now within reach, it is difficult to imagine what possible objection there can be to removal.

"The only argument, if argument it can be called, is the fear of giving offence to the subscribers, who, it is said, would regard any departure from the original plan as a breach of faith.

"But surely the benevolent persons who have contributed their money for providing a good Hospital would not object to its being made in every respect better than they had reason to expect; and if any of them were influenced by the additional desire of beautifying the town, I would refer them to the plans

which the architect has prepared. They will then see that a comparatively low building of unsymmetrical form would occupy the space between the streets on each side of it, and be in close proximity to lofty houses completely overtopping it, so as to present an appearance most dreary and unseemly.—I have the honour to be, my Lords, Ladies, and Gentlemen, your most obedient servant, JAMES SYME."

This letter of Mr. Syme's to the contributors was published on 16th November 1868, and at a meeting of contributors, held on March 18, 1869, it was decided that the new Hospital should be built on George Watson's ground, and that it should be a Surgical as well as a Medical Hospital. At this meeting Mr. Syme made what for him was a long speech. In introducing his motion he reviewed the whole history of the subject, gave his reasons for his change of opinion, and, amongst other things, showed the meeting a quantity of fine gravelly sand, which was taken from the site of the proposed Hospital. His motion was seconded by Mr. Arnot of Chapel, late President of the London College of Surgeons. Councillor Millar proposed as an amendment that the new Hospital should be rebuilt on its present site, which was seconded by Professor Spence; and after remarks from Sheriff Davidson, Professor Christison, and many others, the vote was taken, when there voted for Mr. Syme's motion 1443, and for Mr. Millar's 50. This majority was a great victory for Mr. Syme and his friends, the result of which, it is hoped, will prove a lasting benefit to the suffering poor of Scotland.

During the short period of about five months in which this "battle of the sites" raged, the public at large

showed an unusual amount of interest in the question ; the daily newspapers teemed with letters from all quarters, and from every class of persons, some giving their names, others writing anonymously ; and ranging from the Lord Provost down to the letter of a "simple body."

In this short space of time there appeared in the local papers no less than 118 letters, 14 editorial articles, and several letters from Mr. Syme himself, as well as the reports of different society meetings and committees at which the subject was discussed. In fact, most people were beginning to get tired of it, when the consummation took place ; and it was well for Mr. Syme that it happened so soon, as family affliction, which might have prevented his usual energetic action, shortly afterwards set in upon him. Amongst other matters bearing on this controversy, Mr. Syme received thirteen private letters on the subject from individuals in all positions of society. They all distinctly point out their preference for George Watson's grounds as the site of the new Royal Infirmary of Edinburgh. This feeling, so early manifested after his letter to the contributors, shows how clearly and decidedly he had laid the matter before them. The large majority of 94, which he obtained at the public meeting of contributors, proves further that the prominence which had been given to the subject by the newspaper correspondence had changed the minds of many who originally thought and would have voted otherwise—an important lesson for all managers and directors of public institutions to bear in mind.

Some of the letters to which we have above referred

are worthy of publication; and of those we have selected four, which will sufficiently show their general tenor :—

"34 Charlotte Square, Edinburgh, Nov. 18, 1868.

"James Syme, Esq.

"Dear Sir—As I have been long intimate with Mrs. Buchanan, I wrote to her much to the same effect as I wrote to you on the subject of the new Infirmary. I received an answer to-day, and in case she may not have written to you, I think it right that you should see it ; I therefore enclose it.

"I know that it was the intention of her husband to have bequeathed his fortune (and it was very large) to the Infirmary, but by some misunderstanding between him and the Managers or their agent, he abandoned that idea, and founded an Institution in Glasgow. This intention to have left it to the Infirmary he told me himself, and I urged him to allow me to get the matter arranged, and, if necessary, to bring it before a meeting of the contributors ; but he seemed to be so much offended that he would not agree to this.

"I think it is not unlikely that one reason for Mrs. B. subscribing so largely was her knowledge of what he at one time contemplated doing.—Yours truly, PATRICK SHAW."

From Mrs. BUCHANAN, Moray Place, dated 18th November 1868.

"Dear Mr. Shaw—I thank you for your kind note, and (as far as I can judge) quite agree with you in your views regarding the site pointed out by Professor Syme for the new Infirmary. I should deem it in every respect preferable to the present one, which, fashion it as they may, must always be surrounded by a dense population, and could not possibly enjoy the advantages of a building situated in its own grounds, healthy, cheerful, and accessible ; nor do I think there would be any difficulty in getting the consent of the subscribers to such a desirable result.—My dear Mr. Shaw, sincerely yours, JANE BUCHANAN.

"Patrick Shaw, Esq."

It will be remembered that this lady was the largest

subscriber to the new Infirmary, having appended her name for the large amount of £4000.

The Marquis of Tweeddale thus writes :—

"13 Great Stuart Street, December 3, 1868.

"Dear Professor Syme—Allow me to express the satisfaction it was to me to read your letter of protest against the plan proposed by the Directors for carrying out the improvements necessary for the extension of accommodation to the Edinburgh Infirmary.

"I hope it may have the effect of inducing them to reconsider their first intentions, and that they may be enabled to find a better situation for an Infirmary away from the smoke and dust of the town; at the same time within reasonable reach of the medical profession of Edinburgh. No one can desire to see an extension of the taste displayed in the architectural building of the Scottish metropolis more than I do.

At the same time, there is a higher object to obtain, which is to give the greatest amount of relief to the requirements of those for whom the subscriptions have been raised; and it appears to me that this will fail to be done if so large a sum is expended in purchasing the houses opposite to the College.—Believe me to be yours ever truly, TWEEDDALE."

From DEAN RAMSAY.

"23 Ainslie Place, December 5, 1868.

"My dear Professor—Few things give me more satisfaction than to read a clear, well-argued, and fair statement on an important question, connected with a great, charitable, and useful object. I have had the pleasure of receiving a copy of your statement anent the new buildings for the Infirmary. You have done your work well and wisely. Surely, if there is any candour, any power of being convinced by reason, you will not have advised the subscribers in vain.—Yours sincerely,

"E. B. RAMSAY."

There are many of the anonymous and other letters

which are well worthy of publication; but as this would greatly increase the size of this memoir, we select one out of many, as sufficient to show the ability, information, and tact, of those who engaged in the controversy:—

"THE INFIRMARY SITE.

"Edinburgh, December 28, 1868.

"Sir—One hundred and forty-three years ago the inhabitants of Edinburgh, finding that the sick poor of the suburban district were badly provided with medical attendance and medical comforts, resolved to erect an Hospital for their benefit, and to open it to the sick of all Scotland and of the world, who should seek advice at its even then renowned School of Medicine. The sick poor of the town itself were amply provided for by a special Hospital, with paid medical and surgical attendants. That nothing might interfere with the success of this great metropolitan institution, the Royal Colleges of Physicians and Surgeons not only subscribed liberally, but also agreed to take charge of the sick without fee or reward, till sufficient funds could be collected to defray all necessary expenses, and reimburse them for their time and skill; and the public, on their part, were not remiss. At first a small house was taken as a commencement, but this was soon found too small and inconvenient; and as the magnitude and importance of the scheme dawned upon the nation, all classes vied with each other in their liberality. County gentlemen sent donations of timber and stones, farmers and carters provided the necessary carriages; while labourers, who had nothing else to give, gave according to their ability, some one, others two or three days of gratuitous labour.

"While our worthy predecessors did this, did they banish this noble monument of their philanthropy to some out-of-the-way but central corner? No. The building was erected on a grassy knoll to the south of the city, right opposite the windows of the lordly palaces of the Canongate, and of the '*Via Vaccarum*,' which then harboured nothing mean or ignoble, but was one of the finest streets in Europe; and to make the buildings

more attractive, public gardens were laid off at each end, the sunny slopes to the south being reserved for the patients to stroll on. Almost perfect in its external amenity, it was as an hospital no less convenient and complete internally. Built to contain about 230 beds, nearly one-third of these were for surgical patients, the other two-thirds chiefly for medical patients, with a small public lock, or, as it was then called, salvatory ward. A still smaller private lock ward, a few cells for lunatics, and a small ward fitted up at the expense of the Professor of Midwifery, to contain only four gratuitous patients; the others to pay 6d. a day.

"There were also ample accommodation for nurses, servants, and stores; a consulting-room for the physicians and surgeons; a waiting-room for the students; hot and cold baths for the patients in the east wing, and hot and cold baths reserved for the citizens in the west wing, to which no patient ever got admission. Even from this concise and cursory description, it may be gathered how delightful in situation and how perfect in arrangement the Edinburgh Infirmary then was; indeed, it seems probable that there was at that time no more magnificent or convenient building of the kind in Europe.

"But nowadays all this has changed. From the encroachments of the city, the site of the Infirmary, from being suburban, has become central; streets and houses have monopolised its public gardens and sunny slopes; and the health-giving sun, instead of penetrating each ward with its cheering rays, now barely gilds the vane at noon; while, shut out from the balmy south and west, the building is still open to the chilling north-eastern blasts. But this, though a serious disadvantage to the present site, is not the worst. Built to contain within itself a sample of all classes of diseases, as I am inclined to think every teaching hospital should have, our present Infirmary has, by excluding all lunatic and obstetric cases, and absorbing every inch of space, increased to such a size as to contain about 450 available beds, and yet the accommodation is so deficient and of so defective a character, that many valuable lives are annually lost, and many more jeopardised.

"An Infirmary to contain 600 beds, with other necessary appliances, has become a positive necessity, but such an Hospital cannot be built upon the present site, even when increased by the addition proposed to be purchased.

"With all these additions the present site would only comprise five acres—a space too cramped and limited for a building of the size desired.

"The finest and most recent Hospital in Paris, built upon the pavilion plan, for 612 beds, occupies ten acres of ground; while the new St. Thomas' Hospital in London, built for 588 beds, and carried to a height of four storeys because of the limited space at command, nevertheless occupies six acres of ground.

"Less than six acres would, therefore, not be enough even for immediate and pressing necessities; and as our present site cannot be enlarged to six acres, it is useless to think of it any longer. But how unwise it would be, in erecting a large Metropolitan Hospital, to limit it to a site barely suited to our present needs.

"Had our forefathers been so shortsighted, we would not now be discussing the site of our noble Infirmary; the need for enlarged accommodation would long ere now have necessarily determined that for us.

"Since, however, their open-handed and philanthropic liberality has enabled the question to be postponed to our day, I think we would show ourselves to be very unworthy of our fellow-citizens of the last century, if we permitted any narrow-minded or selfish views to interfere in the carrying out of the great work bequeathed to us by them, the maintaining in our beautiful city of an hospital worthy to be called metropolitan from the beauty of its site and the convenience of its arrangements, and by these, as well as by the skill of its medical attendants, destined to attract not only patients but students to the material benefit of our city. Charity is twice blessed; but in no instance is that more true, in more ways than one, than in regard to a medical hospital.

"Further, it is not so widely known as it ought perhaps to

be, that the physicians and surgeons of our Infirmary were paid at the rate of £100 per annum each up to the last thirty years, when they gave it up for the necessities of the sick poor. Each of them, therefore, is at this moment an annual contributor to that amount to the funds of the Infirmary. Independent, therefore, of the professional interests which are at stake, their views as mere contributors are entitled to some consideration."—I am, etc. A PHYSICIAN."

Mr. Syme was no doubt proud of his success in this cause, and deservedly so; few men could go so boldly forward as he did and proclaim to the world a complete change of opinion, and that within two years. He did so, however, and gained popular estimation by it; if indeed, at that point in his career, any increase of popular esteem remained possible.

He was not spared to see anything done in the way of erection. The long period required by the architect (Mr. Bryce) to draw the plans of such a building, and the necessity for visiting all the principal hospitals, both in this country and the Continent, to enable him to introduce everything new and advantageous, caused much delay. Mr. Bryce's health, too, gave way, and all this delayed the work of beginning the new Hospital till after Mr. Syme's fatal illness and death.

CHAPTER XV.

His Domestic Tendencies—Religious Views—Decision of Character—Likes and Dislikes—Taste for Botany—Death of first Wife—Letters to Dr. Sharpey—Love for Children—Marries again—Liston's Letter on the occasion—Character of second Wife—Millbank—Hospitality there—Excursions to the Country—Powerful Memory—Friendly Letters, etc. etc.

We have thus followed Mr. Syme from his early years; we have described the first efforts of his professional life; we have detailed the struggles he made to acquire and maintain his position; and we have pointed out how, in the supremacy which he ultimately acquired, he may be said to have wielded the sceptre of Surgery in Scotland. We have seen how frequently he was fêted, how honours were showered upon him from various parts of the world, and how generally and ungrudgingly the first position in his profession was tacitly left in his keeping. The world at large, and a number of his professional brethren, recognised him only as an operating surgeon, a great teacher, or as a controversialist with whom few could venture to combat. But those who regarded him only in this light little knew the largeness and loveableness of his heart.

His private life was distinguished by certain marked peculiarities of character which stood prominently forth

on all occasions. These were his kind and affectionate nature; his intense love of truth and upright dealing; the enduring character of his friendships; and the warmth of his hospitality. It is impossible to doubt that such a rare combination of good qualities as were concentrated in him must have rendered him a good, genial, and loveable man. Such he truly was. And although much has been said and written to detract from this portion of his character, the many who still live, and who have known him from his earliest days, both during times of adversity and good fortune, will admit that the picture above drawn is a true one.

Unlike many who carry the annoyances of professional life into the family circle, and often render it unhappy, Mr. Syme threw his profession, with its troubles and quarrels, like a cloak from his shoulders, when he entered his own home, and in the happiness existing there forgot them as completely as if they never had had an existence. His genial nature was never better exhibited than in the domestic circle; in fact, he required to be seen here to be fully appreciated. The pleasure and happiness he enjoyed with his wife and family, and the devotion they showed him, were always conspicuous.

His manners were natural, and marked by true gentlemanly bearing. His conversation was always characterised by the soundness and clearness of his views; and subjects of a lighter nature he would often treat in a happy tone of pleasantry.

From his early days he showed a great veneration for religion; and no one believed more thoroughly than

he in the great truths and beneficent influence of Christianity.

Such feelings prompted him to love and practise truth, and this feature of his character became stronger during the latter years of his life. He was essentially an earnest man in everything he did, and this earnestness gave him great power both with pupils and patients. His decision of character was a marked quality of his mind; he always weighed a question well, and then came to a decision which nothing would change. On two special occasions this decision served him well—in the establishing of Minto House Hospital, and in his determination to leave London and return to Edinburgh. Few men could have done either; yet, as we have already seen, after considering the matter carefully, he decided in a moment. This feature of character was always recognised by his friends as an element which had to be taken into account in their intercourse with him.

Another peculiarity of Mr. Syme must not be omitted here, and that was his extraordinary memory. He never noted down an engagement, however long the interval that was to elapse before seeing the patient; and it used to be a matter of astonishment to his medical friends, to see him turn up at the precise hour, eight or nine days after he had promised to see the case again. Dr. John Brown says that his method in this was as peculiar as anything about him; and that in his early visits to his garden in the morning, he arranged in his own mind the work of the day, and that those visits to patients at distinct intervals of time, although never

noted, were localised in some peculiar way of his own in his memory. He was a man of few words, and hated long lectures or speeches, whether on professional or general topics. No better illustration of this first feature can be given than that he never attended a course of Systematic Surgery, though he himself at one time taught the largest class of this kind that ever was gathered together into a class-room in Edinburgh. Most probably the source of this success lay in the short and condensed way in which he placed the subject before his audience, a method which was wholly in consonance with the constitution of his own mind, but the very reverse of what was done by others at the time.

If his dislikes were strong, his likings were happily stronger still. His early school and college companions continued to be his life-long friends ; the tenacity with which he clung to the friendship of some of them was truly remarkable ; and the same may be said of his assistants and pupils. Abundant illustrations of the strength of his attachments present themselves in his letters, one of which we subjoin.

" 2 Forres Street, 24th October 1835.

" My dear Peddie—I write at present merely to acknowledge the receipt of your very interesting letter, and to beg that you will not stand upon the ceremony of regular correspondence ; as I have little to say and you much. Let me know what you are all about. Tell Dr. Child that I am wearying for the result of his observations.

" Everything here is going on pretty much as usual. I have sustained another severe trial in my own family, but for which I was in some measure prepared. I mean the loss of my mother. This has been a sad year to me, but I hope for better things.

"We don't know as yet how the session is to turn out, as it does not commence till next week. There are certainly fewer students in town than last year at the same time; but this may be explained by the laziness of the anatomists, who advertise the opening of their rooms a month later. Remember me to all the party, and believe me, JAMES SYME."

His love for botany, early formed, and never lost sight of, even during those times when he was wholly occupied with professional matters, led to that delight in horticulture which made his garden and conservatories the admiration of every visitor. He latterly spared no expense in obtaining fine specimens of orchideous plants, and he took great delight in watching their development. This love continued even on his deathbed, when he on one occasion requested a favourite plant to be brought into his bed-room and placed in his sight.

The happiness of his family circle was destined to be broken by the death of his wife, which took place on the 17th November 1840, about a fortnight after her confinement. This seems to have been a sad blow to him. He thus unbosoms himself on this occasion to Dr. Sharpey.

"November 17, 1840.

"My dear Sharpey—I am humbled low enough by this sad event. You have known this house as one of feasting as well as one of mourning. Say something to comfort me. As for poor Willis,* I am not able to write to him; do go and say what you know I must and do feel on an occasion so unlooked for, so sore to bear. Tell him how much poor A. had strengthened her character, and given a precision to the good sense and good feeling which distinguished her from all the women I ever knew, except one. Every year added to our happiness, and now I am left

* Dr. Willis was the brother of Mrs. Syme.

alone, with nothing but the sad retrospect of her prudence, gentleness, and devotion. What is to become of me and my poor children, God only knows. But, at all events, I am resolved to do my duty so far as health and ability enable me.

"JAMES SYME."

"Charlotte Square, Monday, November 30, 1840.

"My dear Sharpey—Your kind letter contains, I believe, all that can with truth be said on the subject; though, unless taught to the contrary by previous experience, I should fear on the present occasion that time would render my feelings more bitter.

"Willis writes that he is a candidate for Carswell's place. From your account of the emoluments, it can only be from the introduction to practice that any return for the time or labour required is to be obtained. I do believe W. would do the duty well, and hope you may not have any other view. . . . . .

"We have 46 men entered for the first time this year, more than last, which is satisfactory. I heard Simpson's first lecture, and was greatly pleased. He is conducting himself, in all university matters, with the most perfect propriety, and I have no doubt, indeed I never had any, will make a most able professor. Poor Musgrave, who gained the gold medal at King's College last year, and really promised remarkably well, died here a few days ago from fever. His father, whom you may perhaps recollect (he is a great friend of Thomson, Ellis, etc.), feels the loss dreadfully. It appears but as yesterday, since they were in this house together, full of spirits and plans for the future. How little we then anticipated what was about to happen to us! Did I mention that F. Willis had offered to help me with the children? All my friends, as you may suppose, are very kind, but can do little, as I feel best when quite alone, or with strangers. Christison is the only visitor, and he is indeed a great comfort.

"JAMES SYME."

This lady had nine children, five of whom did not survive early childhood, and two more, a son and daughter, died subsequently; the only survivors of the

first family being Agnes, wife of Professor Lister, and Lucy, who is unmarried.

This heavy blow Mr. Syme felt long and deeply: but as his hands were occupied with his profession, it was not possible for him to give way to grief. He preferred, unless when professionally engaged, to be either alone, or in the midst of his children. This love for children was peculiarly marked in him, for not only was he on his part fond of them, but they on theirs never seemed to fear, and soon became attached to him.

Even with the help of his sister-in-law to manage his house and family, he soon began to feel the need of a superintending head. Under the circumstances, therefore, he came to the conclusion that it would be most conducive to his own welfare and that of his family to marry again. He was not long in fixing upon the object of his choice. He looked to, and found a corresponding feeling in the person of Miss Jemima Burn, sister to the well-known architect of that name. The marriage took place on the 28th December 1841.

He would appear to have communicated his intention to his old friend Liston, as the following very characteristic letter tells us:—

"5 Clifford Street, October 16, 1841.

"My dear Syme—I approve very highly of your intention and of your choice. They are nice people, and the lady I think is a quiet, amiable, comely dark damsel. I wish you all happiness. Does the 'Designer' know about it? He is a queer creature, but good at bottom. . . .

"I have been fighting a battle in a case of constitutional gangrene, from the low-diet system. I used to insist upon it so far, but you have great credit for laying down the law more

stringently. *It is the right plan, and no mistake.* The fools will scarcely follow it out, though the patient was at once relieved of all the burning pain, and had a good night after all the stimulants were knocked off. They sent for me a second time into the country, to beg that I would remove the limb below the knee; both patient and surgeon equally unreasonable. I am busy and bothered, so adieu. ROBT. LISTON."

The second marriage proved a very happy one; for Mrs. Syme, to an exceedingly kind and amiable disposition, added great clearness and decision of mind. She was also devoted to similar pursuits; fond of flowers, and indeed it may be said generally, that she entered into all his tastes as if they had been her own. She likewise was a most agreeable hostess, and the happiness of his dinner-parties was much enhanced by her presence.

This lady had five children; the first, a girl, died soon after birth; the second, also a daughter, still survives as the wife of Major Burn; another daughter, Fanny; a son called James, died of measles and hooping-cough in early life; and last James, the present proprietor of Millbank. She predeceased Mr. Syme, her loss being to him a source of bitter and enduring grief.

The following beautiful letter is from Mr. Carlyle:—

"Chelsea, 5th February 1869.

"Dear Mr. Syme—My heart is sore for you, ever since that lamentable news arrived. Oh, what a loss, what a loss!—the brightness of your life, as it were, suddenly extinguished,—changed into mournful memories,—unspeakably mournful,—though, by degrees (if you could believe me) beautiful too, and even blessed! A loss to you meanwhile which is immeasurable and irremediable. Alas! alas! I myself, little did I think it was the last I was to see of that bright, affectionate, beneficent, and noble spirit, in this world.

"I judge well you will rally yourself, and bear in silence, like a brave man, the inexorable and inevitable; but it is sore to flesh and blood. May God bless you and keep you!

"Words of condolence, I know sufficiently, are idle, often almost worse, and I will add no more of them. I wished you to understand that perhaps no one of your many friends more deeply sympathises in this saddest of events.—Yours ever truly,

"T. CARLYLE."

It is impossible to dissociate Mr. Syme and Millbank; they are connected by so many ties, social and otherwise. He had occupied various houses in town, and latterly was settled in Charlotte Square, where he married for the second time. In 1842, when Millbank came into the market, he inspected it, saw its rural beauty and what could be made of it, and finally purchased it. This house, so mixed up with all the reminiscences of him and his hospitality, was really a delightful spot. Although only half an hour's walk from Princes Street, it is as much in the country as if it were twenty miles out of town. It faces the beautiful and verdant hills of Braid and Blackford, with the eastern part of the Pentlands in the distance. On entering its precincts, Edinburgh is immediately left behind, with its bustle, noise, and smoke, and nothing is visible from its windows, but the gently sloping hills, the well-ordered terraces, the walls covered everywhere with ivy, and trees judiciously introduced, to add to the beauty of the retreat. Much of this beauty was of his own making; and here he set himself to do everything that gardening could effect to make this "land of Canaan" at once useful and ornamental. In addition to the conservatories and vineries which existed when he bought it, he

erected an additional green-house and heath-house, a larger pit for pine apples, a fig-house, a banana-house, two large orchid-houses, as well as a long range of glass-covered walls for wall-fruit, and fruiting plants in pots for the table. His delight at the success of his fig and banana culture, when introduced after dinner, will be bright in the recollection of those who used to meet at that hospitable board.

His warm-hearted nature showed itself prominently in drawing his friends and associates to his dinner-parties. This attraction to the society he liked appeared early in the course of his professional career; his little dinner-parties, while still a lecturer on Anatomy and Surgery, in his house at the corner of Scott's Close, are still remembered. His liking for social intercourse with his chosen associates grew strongly upon him on his removal to Millbank. Here he had all the advantages which position in society and in his profession gave him. He was independent, and anxious and willing to entertain his friends.

These gatherings were never large. He hated crowds, noise, or display; and his guests were usually limited to ten or twelve. He did not much care for dining out. His great delight was to entertain his friends in his own house. Besides professional brethren, his parties often included interesting men of other pursuits; and strangers from various parts of the world, who visited the medical and scientific institutions of Edinburgh, found a hospitable reception at Millbank. It may be further remarked that, while Mr. Syme was on the best terms with people of rank who consulted

him professionally, he did not court their society, and had no ambition to see them as guests.

He was in the habit of asking his residents and assistants at the hospital to dine with him frequently, an act of kindness which did much to increase the esteem and regard in which they held their great teacher.

Syme enjoyed an excursion to the country, especially when accompanied by a few of his chosen friends. He delighted in a visit to his brother-in-law, the late Mr. John Macvicar, who had a beautiful residence on the banks of Loch Long. Here he amused himself with boating and climbing hills, which his active frame enabled him to do successfully. When away from home on these occasions he completely threw away the cares of his profession, and yielded himself wholly to the delights of the country.

We add here some of his letters to Dr. Sharpey and others, which sufficiently point out his longing affection for old and tried friends.

"Charlotte Square, Thursday, 5th May 1841.

"My dear Sharpey — My principal object in writing at present is to beg that immediately upon returning from your present expedition you will take the case of your northern friends into serious consideration, and without loss of time set out on a tour of inspection. More particularly, on my own part, I pray that you will make me as long a visit as you can. A. Thomson is here. I found him and Goodsir injecting a turtle to-day, and I am sure you will be very happy. I wish you had been here, to make one of a pleasant party who are to dine at the New Granton Hotel to-morrow. Combe and I have arranged it, so you may guess the constituents. It is needless to enter upon gossip, in the expectation of seeing you soon; then I have many things to discuss. JAMES SYME."

"Charlotte Square, April 23, 1843.

"My dear Sharpey — Now that the winter session is finished, we begin to think of summer pursuits, and of the visit which you promised should be earlier, as well as longer, than heretofore. I hope you adhere to this good resolution, and will come as soon as you can. We shall be ready for you at Millbank by the 1st of June, and I venture to expect that you will be pleased with the place, if not with the people. If you meet with any curious seeds or plants, I wish you would send them. Liston gave me three peas, which seem quite at home. Did you ever remark that horticulture is not only a harmless amusement, but one that people don't tire of? . . . .

I suppose John Reid will have a fair chance for Glasgow, being on the right side of politics, and having a good sound character of his own. . . . . JAMES SYME."

"Charlotte Square, 15th February 1844.

"My dear Sharpey—The fine spring feeling of this day makes me think of your promised visit. When is it to be? We propose to go to Millbank in the beginning of May, so that any time after the first week in April you may come. If we should move while you are here it will make no difference. Boyce accompanied us last year, and then we had everything to arrange. Now we had merely to open the windows and put on fires, there being no carrying backwards and forwards.

"I forget when you spoke of coming, except that it was to be early. It is all the same to us, only that the garden will appear to more advantage if you let summer come fully in. I am arranging for a quiet discussion of things in general. You may prepare to hear some queer doings of "young Edinburgh," beautifully illustrative of the error moralists have made in supposing that poverty was favourable to honesty; that it is not so seems the only excuse for various proceedings, past and proposed.

"In estimating the value of the Anatomical chair at £1000, I of course took into account the probable amount of proceeds from practical instruction.

"If Monro makes £600 of his lectures, I think a good man should be sure of more than the sum I mentioned.

"I had a letter from 'Carzette' before his departure from London, expressing great disappointment with what he had seen, or rather *not* seen, in the hospitals. If the cases are kept in the country by the provincial teachers and the Union surgeons, who are paid for them much better than for their general attention on the sick, I shall not be surprised to see the London school at a discount.

"The senior ordinary surgeon has not had a single operation in the Infirmary at 12 o'clock for the last six months. I have plenty, and give my lectures in the old Minto House fashion.

. . . . . .

"There was a grand scene at the College of Surgeons the other day. An attack had been long in preparation against my system of teaching. I went and spoke for near an hour, with such effect that not a whisper of doubt or disapprobation was heard, and John Argyll honoured me with a most complimentary address, which, as he truly said, could not be attributed to partiality. JAMES SYME."

"Monday.

"My dear Sharpey—I wish you would say when you are coming; it may not be for a month or so yet, or even later; but say when, that we in the meantime may have the pleasure of looking forward. The last account I sent of my intentions was the resolution to take the Systematic chair. This was hastily formed, in the desire to work for the good of the school, without due consideration of my own comfort, etc. And then the fear of getting an ineffective colleague was relieved by the strong disposition the Council seemed to have in favour of 'Miller,' who will, I do believe, make an excellent professor. So here I am fixed for life in my *easy* chair, which is easier than ever, as the Managers now give me more of my own way, and really make the hospital arrangements very comfortable.

"It is reported that Home will take the hint lately given by the patrons, and accept a composition, in which case Alison is to be the man. Christison is busy [in London] on the part of the University. Have you seen him? He does not say so in writing to me, but appears to have been much occupied. W.

Wood has doubtless disturbed the repose of your sanctum with his hearty laugh, and told you all the Edinburgh news. For my own part, I am devoted to the pleasant and peaceful pastime of gardening, as you shall see. JAMES SYME."

Mr. Syme's habits were simple. He was an early riser, often among his plants at Millbank before his gardener, and when daylight was hardly in. He then wrote his letters, breakfasted at 8, and usually walked to his consulting-rooms at Rutland Street or Shandwick Place. He was a great reader of newspapers, and always mastered the *Times* of the day. This he did during the interval of his consultations; and seeing that his reading was so continually broken in upon, it was wonderful what he managed to extract from their perusal. He often astonished his friends with passages which he had noticed, but which they had completely passed over.

No one can doubt that the loss of such a man was felt to be great, and to his numerous friends irreparable. Those who were continually beside him know no terms strong enough to express the regard they entertain for his memory. "He was a man, take him for all in all; we shall not look upon his like again."

CHAPTER XVI.

Contribution to the British Medical Journal on the Antiseptic Method of Treatment in Surgery—His last Clinical Lecture—First Paralytic Seizure—Love for Flowers—Resignation of Professorship—Resignation of Surgeon to the Infirmary—Meeting in London to organise a Testimonial—Extract from Meeting of Senatus—Extract from Meeting of Infirmary Managers—Extract from Meeting of Border Medical Association—Second Seizure—Death—Funeral—Funeral Sermon—American Courtesy.

MR. SYME opened the year 1868 as the first contributor to the *British Medical Journal* with a paper "On the Antiseptic Method of Treatment in Surgery." Nothing can more strikingly illustrate the freshness of his mind at this late period of his professional life, than the readiness with which he received so great an innovation upon surgical practice as the antiseptic system of treatment. From the first he appreciated its full importance, and aided greatly in its diffusion by the publication of his convictions regarding it, together with striking illustrative cases, in the paper above referred to. We quote from this paper the introductory and concluding remarks, which show how carefully and tentatively he had inquired into the theory and practice of this method, before he publicly gave in his adhesion to it.

"The following cases of wounds, compound fractures, and abscesses, selected from those which have been treated under my care in the Clinical Surgical wards of the Royal Infirmary, will,

I hope, tend to illustrate and recommend the antiseptic principles of practice, introduced by Mr. Lister, which, although of the greatest value, there is reason to fear are not yet generally understood or adopted. In the old days of Surgery, all the steps of a healing process were attributed to the effects of so-called 'mundifying,' 'incarning,' and 'cicatrising' applications. In more recent times, lotions, simple, astringent, or stimulating, have generally been deemed sufficient; while, still more lately, since M. Pasteur ascertained that the decomposition of animal substances is mainly owing to atmospheric influence through the agency of its organic molecules, carbolic acid, with other antiseptics, have been variously employed to lessen the discharge and fetor of suppurating surfaces.

"But it was left for Mr. Lister to conceive the fruitful idea of excluding entirely the noxious elements of air, so as to protect completely from disturbance the natural restorative action, to which he attributed greater potency than had ever previously been suspected. Thus, while others had used the means just mentioned as correctives, he employed them as preventatives, attributing no beneficial effect to their own action on the living tissues, and regarding them merely as a defence from the external source of disturbance."

After relating a number of cases treated in this manner, he thus concludes :—

"From such cases as those which have just been related, it is evident that there has taken place in surgical practice an improvement which promises to produce a great diminution of human suffering and danger. Some attempts have been made, anonymously and otherwise, to filch away from Mr. Lister the credit justly due to him for devising and establishing the antiseptic system, by representing the use of carbolic acid previously for other purposes as an anticipation of his treatment. But although the agent was not new, the principles of its employment, the modes of its application, and the results of its effects, being so entirely original, I venture to hope that the members of my profession will no longer tacitly sanction such disingenuous and ungenerous conduct."

In the same journal (the *British Medical*) in which his paper on the antiseptic treatment in Surgery was published, we find him, on the 18th of April 1868, publishing his concluding lecture of a winter course on Clinical Surgery. As afterwards turned out, it proved the last course of Clinical Surgery which he was destined to deliver. On this occasion he was especially vigorous and clear. He said—

"Unlike the other departments of medical education, Clinical Surgery has not an end as well as a beginning, since its subject is inexhaustible, and limited only by the time allotted for its study. As the present session has now come to a close, I must follow the example of my colleagues, and bid you adieu, but before doing so I have a few words to say with regard to the business in which we have been engaged.

"As the most important subject of our attention, I may first mention the antiseptic treatment, which, if it have not already done so, is certainly destined in no small degree to revolutionise the practice of Surgery. Having witnessed the effects of this principle when employed in cases of compound fractures, incised wounds, and abscesses, you will be proof against the sophistry of those who reject the germ theory of M. Pasteur, and also against the unworthy attempt to withhold from Mr. Lister the merit of originality, on the ground that the agent he selected for carrying out his views had been previously used as a disinfectant. The confusion and uncertainty thus produced have seriously impeded the reception of truths most important to the interests of society, and led many of our brethren to suppose that by applying carbolic acid to sore surfaces they were adopting the antiseptic system. Your personal observations, when communicated to friends at home (that is, any part of Great Britain), will, I trust, tend to counteract the erroneous ideas on this subject which have been so industriously promulgated and so generally entertained.

"In addition to the effects directly proceeding from it, the

antiseptic treatment has been of great benefit by extending the use of torsion for the suppression of hæmorrhage. I have always employed this method where the circumstances prevented any risk of blood or serum being accumulated between the cut surfaces; but when such was the case I have deemed it expedient to use ligatures, in order that they might allow the fluid to escape, and prevent the bad consequences of its decomposition when pent up in the cavity through closure of its orifice.

"There being now no longer any ground for apprehension of this kind, you have seen that in all the operations performed in your presence during the present course no ligature has been applied except to the femoral artery; while in all the amputations of arms, legs, and feet, the excision of joints, the removal of tumours, and other operations during the same period, there has not been a single fatal result.

"Whatever difference of opinion there may be with regard to other means of repressing hæmorrhage, there cannot, or at least ought not to be any hesitation in preferring that which accomplishes the object without leaving any foreign substance in the wound; and I therefore confidently expect that torsion, which has already been very extensively adopted, will soon supersede all the other methods that have been proposed for the purpose in question. It should be recollected that the essential feature of this procedure closely resembles the process by which torn vessels are prevented from bleeding. That they do not bleed must have been always known, but was not satisfactorily explained until I noticed that, when a portion of dead artery was forcibly extended, the internal and middle coats gave way before the external one, which, when the rupture was completed, collapsed in a conical form round each of the new orifices. Suspecting that this state of matters might account for the absence of hæmorrhage from vessels torn asunder by violence, I took every opportunity of ascertaining their condition in such circumstances, and constantly found it such as had been anticipated.

"But if so slight a resistance as this is sufficient to prevent the escape of blood even from the largest arteries, it is not surprising that the change resulting from torsion should be equally effectual.

"The cases treated during this session have been so numerous and various that any general retrospect of them would be quite impossible. In Edinburgh there are fortunately no Fistula Infirmaries, Cancer Hospitals, or Orthopædic Institutions; and there are consequently in a Clinical course abundant materials for illustrating every department of Surgery. With regard to the derangements brought under your notice, I have constantly discharged my duty to the patients as the first object, and then endeavoured to make their cases useful for your instruction, so far as possible, without injury to either feelings or persons.

"The senseless clamour * which we so frequently hear for 'bedside teaching' would make it seem as if patients could not be examined with advantage unless lying in bed, and that, when placed upon a table or seated in a chair, they no longer presented any features of interest; while, on the contrary, it is certain that in a crowded ward there cannot be any satisfactory demonstration or full explanation of principles concerned in the treatment, or, in short, anything better than the elementary remarks suitable for an infant school of Surgery.

"Your attention has been directed not so much to the great operations, which few of you comparatively will be required to perform, as to the cases that will constitute the chief business of your Surgical practice.

"For the treatment of these you will carry with you many means of remedy and modes of procedure not in general use, but which, having stood the test of long experience, may be regarded as trustworthy, and will give you no small advantage over those of your brethren who have either jogged on in the dull routine of established error, or have rashly adopted the foolish proposals of would-be improvers. Sincerely wishing that you may all be able to practise your profession honestly, diligently, and successfully, I now bid you farewell."

* The clamour referred to arose from Dr. Hughes Bennett's letter, in which he charges Mr. Syme with not visiting his wards with his students. Mr. Syme regularly visited his wards, but taught Clinical Surgery after his own method in the operating theatre.

Such were the last words of clinical instruction he was permitted to publish. In now looking back upon them, we cannot refrain from remarking that they have much about them that reminds us of the winding up of a story. In Mr. Syme's case it was the story of a life devoted to earnest and unceasing efforts in the cause of Surgery, for the better alleviation of human suffering; and, as he well said at this last meeting, they would find the result of the long experience he had impressed upon them trustworthy. This testimony has been borne out by his students, who are now spread over every part of the world, and whose regard and devotion to him as a surgeon and teacher amounted to love itself.

On the morning of the 6th of April 1869, Mr. Syme walked as usual from Millbank to his consulting rooms in Shandwick Place. Mr. Annandale (his assistant), who as usual was present, has kindly furnished the following account of his illness.

"At first," says Mr. A., "he appeared to be in his ordinary health, but shortly after, when quietly speaking to me, I noticed a sudden indistinctness in his speech, and a slight twisting of his mouth. He immediately, however, rose from his chair, walked across the room with some difficulty, sat down at his desk, wrote a prescription correctly, but with a somewhat shaky hand. Two minutes after this he rose, walked about the room quite well, and talked again quite distinctly.

"Seeing me observing him earnestly, he said, 'What a curious nervous feeling I had just now; I felt as if I wanted to speak and could not.' He then added, 'It is something like a biological effect.'

"We then left Shandwick Place together, walked across the street, where Mr. Syme had a patient suffering from stricture of

the urethra, and on whom he passed several bougies with his usual well-known dexterity. We then returned to Shandwick Place, and shortly after left it in Mr. Syme's carriage, and drove to one of the hotels in town to operate on a lady suffering from a tumour on her breast. Mr. Syme removed the entire breast and tumour, and although I was anxiously watching every step of the operation, I could detect nothing in Mr. Syme's actions or operative procedure out of the common.

"We then drove to the Infirmary, where Mr. Syme saw several patients, performed a slight operation in the theatre, and made some short and clear remarks on the case. A few minutes after this he left the Infirmary. It was noticed that he had some little difficulty in getting into his carriage, but with this exception he appeared well. On arriving at Shandwick Place he stumbled in getting out of his carriage, but did not fall.

"He had evidently felt himself unwell, for he told his man to go for Dr. Peddie, but immediately after he gave a counter-order, and said it was not necessary. Shortly after this his son and niece came in accidentally, and remained chatting with him for a few minutes, but they did not observe anything wrong with him. Soon after this Mr. Syme was found lying on the floor by his man; he was quite conscious, but unable to rise.

"Dr. John Brown and myself were with him about a quarter of an hour after, and we found that there was a complete motor paralysis of the left arm and leg, twisting of the mouth, and indistinctness of speech; but he remained quite conscious, and asked me to answer a particular letter, and also told me to see a patient who was to call in the afternoon by appointment.

"Dr. Begbie (senior) soon after arrived, and advised that five or six ounces of blood should be taken from the back of the neck by cupping; this operation I performed, and it appeared to give some relief.

"In about an hour, Sir R. Christison, Drs. Begbie, Brown, and Peddie met in consultation, and it was decided to remove him to Millbank. This was done, and he bore the journey well; and after being put to bed, expressed himself as being comfortable.

"For some days he was very restless, and constantly desired to be raised up, or to sit up out of bed; but after this he became more comfortable, although still at times troubled with cramps in the paralysed limbs, and with general restlessness. His mind remained active during all this time, and he seemed to be much soothed by being constantly read to. In fact, during the whole of his illness, he had an insatiable appetite for general literature, and it became no easy matter to keep him supplied with suitable books."

Mr. Syme resigned his professorship of Clinical Surgery in the summer of 1869, and at the same time, his position of Surgeon to the Royal Infirmary. His admirers and former students at once set about organising a testimonial to him. A public meeting was held, on the 10th November 1869, in St. James' Hall, Piccadilly, "for the purpose of initiating a testimonial, on the occasion of his resigning the chair of Clinical Surgery in the University of Edinburgh." Dr. Lyon Playfair, M.P., was called to the chair, and addressed the meeting. After referring to Mr. Syme's career, he said—

"Finally, as a friend, I can speak of him from many years' personal intercourse. I knew him when I was a student at the University of Edinburgh, and experienced his kindness; and my feeling of friendship for the great surgeon has increased with advancing years. Professor Syme has made enemies, but few men have made faster or warmer friends. He gives to his friends as few words, as he sheds unnecessary drops of blood in his surgical operations; but that man must be as blind as a mole, who does not see that Mr. Syme has a great depth of friendship, and a warm heart and affections. We are brought together here to-day to honour him, and I would call upon those who are much better qualified than I am to tell you all he has achieved."

Dr. Sharpey (one of Mr. Syme's oldest friends) moved the first resolution :—

"That this meeting, assembled to promote a testimonial in honour of Professor Syme on his retirement from the chair of Clinical Surgery in the University of Edinburgh, rejoices in his restoration to health, and in the prospect of his being able to advance Surgery by further contributions from his 'experience.'"

After some remarks connected with the early and steady friendship of Mr. Syme, he said—

"Permit me to make a remark as to the direction in which our gratitude will be shown towards Mr. Syme. I know it may be said that his memory will live in the minds of men for all time, and that it does not require to be perpetuated by any special foundation. But all will agree that it would be a salutary thing to bring prominently before the minds of each succeeding generation of students, as long as the University of Edinburgh lasts, the merits and services of Mr. Syme, that his example may prove an incentive to young men, to honourable exertion. We cannot doubt that it will be highly beneficial in promoting the study of Surgery in the University of Edinburgh, and elsewhere. We as friends, and as former pupils, desire to record our admiration and esteem for our great master, by some permanent record of his labours, and I think that the proposal now brought forward is highly judicious. It is not for me to interpret Mr. Syme's sentiments on such a matter, but from all I know of him, I think I may venture to say that a tribute of respect and affectionate regard from his friends and former pupils would be more greatly prized by Mr. Syme than any other honour which the world could bestow."

Sir Roderick Murchison (having been called upon by the chairman) then addressed the meeting, and seconded the proposal of Dr. Sharpey.

Sir James Paget then said—

"Mr. Chairman, the resolution which you have done me the

honour of allowing me to propose is this—'That, considering Mr. Syme's great eminence as a clinical teacher, and his many and great contributions to surgical science and practice, it is desirable, on his resigning the chair of Clinical Surgery in the University of Edinburgh, after a tenure of thirty-six years, to perpetuate his name in connection with the Edinburgh School of Medicine by a suitable memorial.'

"I believe that in proposing this, I should be considered in some measure an alien in this meeting, owing to the fact that I have never been a pupil of Professor Syme, other than I hope to be a pupil of other great men, by studying their works, and trying to imitate their good example. Indeed, sir, if I can say anything which has not been said by yourself and Dr. Sharpey, it must be by looking at the matter from a different point of view, and instead of speaking of Professor Syme as a teacher, to speak of him rather as a rival, a member of a rival school. No man can have watched himself carefully, without finding out that it is to the influence of his rivals over him, rather than to himself, that he owes a great measure of the success which he achieves. (Applause.) I doubt whether anything has done more good to the London schools than the honour Professor Syme has won; with him we have been rivals. We may doubt whether in all the conflicts there has been one more useful for good in the world than that which rages between the English and the Scotch.

"I will not try to speak of all the good work which Professor Syme has done, for to enter into details would be to enter into historical matters, and that is always tedious.

"It is not for me to dwell longer upon the merits of Mr. Syme, other than to say, that if I were to speak for the whole of the London schools, I would speak of him as a man whom we all desire to honour, whom we all desire to hold in our memory as long as life should last, and whose memory we now desire to be perpetuated where his works have been done, in the Edinburgh University. (Loud applause.)"

Dr. Murchison proposed the next resolution; and in doing so related how the testimonial was first spoken

of, and that it had so largely increased that £735 had been received for subscriptions, and others were promised. A number of gentlemen had apologised for non-attendance, and the following letter was received among others :—

"Chelsea, 9th November 1869.

"Dear Sir—It gives me real pleasure to hear of the testimonial to Mr. Syme. To my judgment there have been few in our days that were as well deserved ; your plan or scheme of a result is likewise altogether to my mind. I will at once subscribe my poor £10 to it, and wish you all manner of speed. Unhappily I cannot attend to-morrow, not being of the committee, nor at all concern myself with management even in name.—Yours sincerely, T. CARLYLE.

"Dr. Murchison."

In conclusion, Dr. Murchison moved the following resolution :—

"That the form of the testimonial be, *first*, a fellowship for the promotion of Surgery in the University of Edinburgh, to be called the Syme Surgical Fellowship ; and, *second*, a marble bust to be placed in the University library, or in the hall of the new Royal Infirmary."

This motion was seconded by Mr. Annandale, and carried.

"A most graceful act of international courtesy to Mr. Syme, as a teacher of Clinical Surgery, has just been done by American surgeons. A meeting was held in Philadelphia on the 25th May 1870, to consider and act upon a letter which had been received from Dr. Murchison of London, in behalf of a committee of British surgeons who desired the co-operation of American surgeons in a contemplated testimonial to Professor Syme."*

* *British Medical Journal*, July 23, 1870.

The following extract from the circular issued by the committee will be read with much pleasure :—

"The desire is not so much to obtain a large amount of money as to secure a decided expression of professional goodwill, and a formal recognition of the esteem in which Mr. Syme is well known to be held in America. We believe that American surgeons will cordially welcome the opportunity thus liberally afforded by their British brethren to strengthen the bond of good fellowship already existing; and that they will gladly respond in this manner, as an acknowledgment at once of the high standing of Mr. Syme among them, and of their appreciation of many acts of kindness and hospitality rendered by him and his friends to Americans visiting them in pursuit of science.

"Under this view we feel confident that many leading members of our profession in the United States have only to be invited in order to join with alacrity in a testimonial to the pre-eminent character of the services to surgical science, practice, and instruction, of the veteran ex-Professor of Clinical Surgery of the University of Edinburgh. Nor are we less hopeful that they will take all the more pride and pleasure in the contemplated action, on account of the fellowship to be established by it, in the school in which he was for thirty-six years so able and so distinguished a teacher; a school which is the time-honoured alma mater of so many of our pioneers and masters in American medicine and surgery; the mother school, in fact, of our American medical profession.

"For the purpose of imparting a national character to the movement, and facilitating its progress without delay, the undersigned have been requested to act as an executive committee, to make a general appeal, and to receive contributions for transmission to London.

"The total sum already raised amounts to £1740, but the promoters are in hopes that the full sum originally proposed may be speedily subscribed."

The following extract from the minutes of meeting of the Senatus Academicus of the University of Edin-

burgh, of date 6th November 1869, will be sufficient to show how his merits had been appreciated by those who had been most closely associated with him in academical life :—

"The Senatus Academicus, in entering upon their minutes the resignation of Professor Syme, resolve to record also their great regret that the University should have been suddenly deprived, by his state of health, of his great services while he was in full possession of all his powers, and when they had reason to hope for the continuance of his professional labours for many years longer. They have further to record their sense of the high advantage which the University and the Surgical profession have derived from his Clinical instructions and improvements in Surgery during the long period of thirty-six years, to which his incumbency as Professor of Clinical Surgery has extended,—a period during which Surgery has been taught with unexampled success, and raised to great celebrity, in the Edinburgh School of Medicine. Impressed with these considerations, and with their recollection of his social qualities as a member of their body, they desire to convey to Professor Syme, on his withdrawing into private life, their sincere regard for him as a teacher and as a friend, and they therefore resolve that a copy of this minute be transmitted to him.

"Extracted by JOHN WILSON, Sec. Sen. Acad.

"Edin., 24th Nov. 1869."

Another equally forcible testimony is taken from the *British Medical Journal*, September 4, 1869.

"Mr. Syme has resigned his office as one of the acting Surgeons to the Infirmary of Edinburgh. The Managers of the hospital, in accepting his resignation, unanimously adopted the following resolution :—'That the Managers of the Royal Infirmary receive with much regret Mr. Syme's resignation of his office as one of the acting Surgeons of the Hospital, the duties of which office he, during his long and brilliant career, has performed with

so much benefit to the patients, and with so much honour to the Medical School of Edinburgh, that the Managers, being anxious that Mr. Syme should still remain connected with the Hospital, request that he will accept of the appointment of one of the consulting Surgeons: That an excerpt from this minute, embodying these resolutions, be transmitted by the clerk to Mr. Syme.'"

The esteem in which he was held by the Border medical men is strikingly brought out in the following address:—

"Kelso, 18th August 1869.

"Dear Sir—At the thirty-third annual meeting of the Border Medical Association, we, the undersigned members present, unanimously resolved to ask you to receive from us a short address on the occasion of your resignation of the Professorship of Clinical Surgery in the University of Edinburgh.

"We desire to convey to you our warmest thanks for the very kind manner in which you have at all times discharged your duties towards our patients and ourselves. We beg also to thank you sincerely for innumerable acts of personal kindness and attention, for which we shall ever feel grateful. Although the members of our profession generally have resolved to offer you some testimonial in recognition of your inestimable services, and although you have already received a most hearty expression of sympathy and regard from the profession practising in far distant lands, we trust that it will not be otherwise than agreeable to you to know that the medical and surgical practitioners in your own Border land are equally sensible of, and grateful for, the great advantages they have derived from your precepts and example.

"It was with unmingled feelings of sorrow and regret that we heard of your illness, and we now most heartily rejoice to know that you have so far recovered as to be able in some degree to resume those professional duties which we have all learned to value so highly. We desire to express the earnest hope that you may yet be long spared to give us the benefit of that eminent wisdom, vast knowledge, and matchless diagnostic tact and

skill, which have rendered your name famous wherever the science and art of Surgery are known. It is to us a source of pleasure that on the very day of our assembling here it has become known that you are to be succeeded in your chair by your son-in-law, Mr. Lister, believing as we do that his appointment will be peculiarly gratifying to yourself, in the highest degree acceptable to the profession at home and abroad, and highly calculated to maintain the celebrity of the Edinburgh Surgical School, in which you have so long been the distinguished master.

"With every sentiment of gratitude, respect, and esteem, we remain, yours faithfully,

"J. M. ROBERTSON, M.D. (*Chairman*).
H. S. ANDERSON, M.D., L.R.C.S.E.
GEORGE GILLIES, L.R.C. Surgeons, Edin.
JAS. FALLA, Surgeon, L.R.C.S.E.
ROBERT PURVES (*Croupier*), Surgeon, Edin.
J. PAXTON, L.R.C.P. and L.R.C.S. Ed.
W. M. MACKENZIE, M.D. Edin., Kelso.
CHARLES STUART, M.D. Ed., L.R.C.S. Ed.
MATTHEW JAMES TURNBULL, M.D. Edin., L.R.C.S.E. (*Convener*).
HENRY VOST, L.R.C.S. Edin.
ALEXANDER BROWN, L.R.C.P. and S.E.
JOHN HUME, L.R.C.S.E.
DAVID HOPE SOMERVILLE, M.D. Edin., L.R.C.S.E.
WILLIAM BLAIR, M.D., Glasgow.
JOHN AYMERS M'DOUGALL, M.D.
PATRICK KYNOCH, Physician.
JAS. PITCAIRN BOOKLESS, L.R.C.P.E., R.C.S.E.
HENRY R. FAWCUS, M.D.
WM. ALBERT PAXTON, M.B.T.C.D., L.R.C.S.E.
PETER BUCHAN, M.B., L.R.C.S.E.

"James Syme, Esq., Edinburgh."

At the end of some weeks Mr. Syme had so much improved that he was able to return to his consulting

rooms and see patients; he also performed, with assistance, small operations. He took a great interest in all public questions. He also frequently paid a visit to the Infirmary, and gave his juniors many valuable hints in connection with serious or unusual cases in the wards or operating theatre. His general health remained good, but the paralysed side never thoroughly regained its power.

For about twelve months he continued in this comparatively useful state, seeing his friends at his hospitable board, and enjoying their society; but in the beginning of April 1870 he had another slight attack of paralysis, depriving him of the partial power he had regained in the paralysed side; and in May he was seized with a third attack, which rendered his speech inarticulate, and destroyed the power of swallowing, his mental faculties remaining clear and unclouded.

His condition at this time, as witnessed by his friends who surrounded him, was indescribably sad. He continued in this helpless state (all nourishment being administered by means of a tube passed into the œsophagus by the mouth) for five weeks, gradually becoming feebler and feebler, and at length died calmly on Sunday the 26th of June 1870. Notices of his life and labours appeared in the *Scotsman*, *Courant*, *Daily Review*, and *Pall Mall Gazette*. These articles were obviously the production of different pens; but all agreed on one point, "that the world had lost its greatest surgeon, Edinburgh one of its most eminent citizens, and suffering humanity one of its truest benefactors." A genial article "In Memoriam," on his

life and works, with a notice of his death, appeared in the *Edinburgh Medical Journal* for August 1870, and we believe this was from the pen of Dr. Joseph Bell. From the *Courant* of 1st July 1870 we draw the following notice :—

"FUNERAL OF THE LATE MR. SYME.

"Yesterday afternoon the remains of the late Mr. Syme were interred in the family vault, to the east of St. John's Episcopal Church, and in accordance with the wishes of the family the funeral was strictly private. Shortly after two o'clock the mournful *cortége*, consisting of a hearse drawn by four black Belgian horses, twenty-eight mourning coaches, and a number of private carriages, started from Millbank House, and proceeded by way of Leven Street, Home Street, Earl Grey Street, and Lothian Road, to the place of interment. All along the route the shops were closed, as a mark of respect for the memory of the deceased ; and although rain fell heavily, the different streets through which the procession passed were lined by large numbers of spectators. In the graveyard, too, many people had congregated. The hearse arrived at St. John's Church about three o'clock, and the coffin was then removed to the church, on the shoulders of the pall-bearers. At the door it was met by the Very Rev. Dean Ramsay, who, assisted by the Rev. D. F. Sandford, conducted the funeral service. At the conclusion of the service, the coffin was borne by the pall-bearers to the vault, a number of the late Mr. Syme's students lining either side of the passage. The plate on the top of the coffin bore the following inscription : James Syme, born 7th Nov. 1799, died 26th June 1870."

A funeral sermon was preached the following Sunday by Dean Ramsay in St. John's Episcopal Chapel. The chapel was crowded, and comprised a number of students and private friends of the late Mr. Syme. The venerable Dean took for his text the 12th verse of the 90th Psalm, "So teach us to number our days,

that we may apply our hearts unto wisdom." And in the course of the sermon he said—

"Many circumstances tend daily to remind us of these solemn questions. The consideration of death has, however, been lately more specially brought home to us. The 90th Psalm, in which our text occurs, has been recited in this church, during the last week, on two occasions for the burial of the dead. We cannot but pause for a moment when we remember that at these services we committed to the ground, "Earth to earth," "ashes to ashes," "Dust to dust," the bodies of two respected communicants of this congregation. On Wednesday last the mortal remains of Dr. Adam Hunter rested in this church, and on Thursday another member of the profession, but a member who had long occupied in its service a more public and prominent position, was here followed to the grave by a large number of deeply-attached pupils, and by many admiring friends, private and professional. He had attained to a mature and experienced age, but was struck down by illness in the fulness of his powers, and with unimpaired usefulness as a practitioner and professor. His name and reputation had become as familiar and well established abroad as they were in Britain.

"It was not only as the successful operator that James Syme was known and celebrated. He was a scientific exponent of the philosophy of Surgery, a high authority with medical professors throughout the world, in these his wide and comprehensive views of surgical attainment. He was a great teacher. He was a great benefactor of his species. For oh! in many of our afflicted fellow-mortals, how much pain and suffering depend for their alleviation upon those very principles which with such skill and genius he had so ably expounded. Our own city, our own medical schools, our country, our race, must feel the loss of such a man."

The excellent engraving at the beginning of this volume is by Mr. James Faed, from a photograph by Dr. Adamson of St. Andrews, and represents Mr. Syme in his later years, the photograph having been taken

about two years before his death. It gives much of the sagacity and power of his countenance when at rest. We have also reproduced the well-known engraving by Holl, from a drawing by George Richmond, of Mr. Syme in the prime of life. There are also two beautiful marble busts of him by Brodie—one in the Managers' Room of the Royal Infirmary, and the other in the Library of the University.

CHAPTER XVII.

Estimate of Mr. Syme as a Diagnostic Surgeon; as an Operator; and as a Teacher of Clinical Surgery, etc. etc.—Quotation from Article which appeared in *Scotsman* newspaper soon after his death, on his Surgical Powers and Achievements—Concluding Remarks.

THE peculiar mental qualification which is required in those who are destined to reach great surgical achievements and renown, is genius, or that spirit which, amongst the ancients, was supposed to preside over a man's destinies through life. It is impossible to deny that some have exhibited this bent or turn of mind from their youth upwards; while others, let their education or training be what it may, their talent undoubted, and their influence and opportunities of the widest range, never reach that goal of excellence which was the object of their aspirations. This genius for high surgical attainments is like the aptitude for military pursuits; it is innate; it is the offspring of those hidden mental energies, which no amount of training can create, but which evolve themselves naturally, and with but little effort, in those who possess them. The elements of which it seems to be composed are a clear perception, a steady purpose, and a power of mentally recording the results of observation and experience. To these mental qualifications must necessarily be added the capacity for acquiring a thorough anatomical know-

ledge, powers of observation which give rise to diagnostic skill, a ready hand and fearless heart, and the ability to communicate to an audience, or the world at large through the press, the knowledge so acquired.

If we call to recollection the great names in Surgery which have been handed down to us during the last and present centuries, it will readily be acknowledged that but few possessed all these qualifications. Some were great in diagnosis, others as operators, others celebrated as teachers, and others as writers on the science. It would not be a difficult matter to choose, out of a long catalogue of great surgeons, those who have distinguished themselves in one or other of these particular departments; but if asked to point out *one* who combined them all in his own person, we say candidly that, with the single exception of John Hunter, we know no other than Mr. Syme.

Early showing a taste for anatomical pursuits, he exhibited but little talent for learning or the classics. Once entered upon the study of anatomy, he soon mastered its details, and at an earlier age than most young aspirants can boast of, became a demonstrator of this science. From this point the road was easy to successful anatomical teaching, and thence to Surgery, of which science, and its sister Clinical Surgery, he may be said to have been the greatest teacher of the age, his classes far excelling in number those of his contemporaries. Although a successful anatomical teacher, his genius lay in Surgery; and when he determined to give up all for it even against the advice of his best friends, he must have experienced that innate longing after such pursuits which

is implanted in the bosoms of those who feel that they are destined for certain positions in life. That he judged wisely the sequel showed; for but few have gone down to an honoured grave so generally recognised as a great surgeon, in every one of its elements, as James Syme.

His early surgical experience was derived from dispensary practice, and of that he must have had a large share, even while he taught as an anatomist. He had early trained his mind to a mental notation of disease, its phenomena and results. This power was developed in an important degree at his Surgical Hospital at Minto House, and enabled him to lay up a store of facts, which soon afterwards found expression in his *Principles of Surgery*. This work, published when he was thirty-two years of age, was looked upon as one of the most original works of the period; it treated the subject in an entirely novel manner, contained so much that was thoroughly original, and was so far in advance of its time, that, while it paved the way to his great Surgical reputation, it became the text-book which guided him and his students to the last. The late Professor Goodsir used to say, when speaking of that book, and of the esteem in which he held it, "that few men come to their principles at such an early age as Mr. Syme." Many of his other works have been already referred to; they were all characterised by conciseness, and by a terseness of language which was alike descriptive and convincing. Few could convey their sentiments in a smaller number of words than Mr. Syme, of whom it was well said by a celebrated advocate, "that he never wasted a word, nor a drop of ink, nor a drop of blood."

As a writer of books, he was by no means voluminous, but his numerous contributions to the Medical Journals of his day show what an industrious life he must have led. Few of the Medical Journals, during the long period of nearly forty years, but contained some important contribution from his pen, principally in the form of cases on which he had performed important operations. But if he was a successful teacher and attractive writer on Surgery, he was no less a great diagnostic surgeon. We have already referred to the way in which this diagnostic power was gradually acquired, and in the best period of his life, and especially in his later years, it became so subtle, that it looked like an intuitive perception. This power was early shown in his first important operation of amputation at the hip-joint; he recommended the operation twelve months before it was performed, recognising, as he then did, that the disease could not be removed by any other procedure.

His knowledge of the nature of tumours, which he had acquired from a patient study of nature and of the works of Abernethy, enabled him also to make correct diagnoses in opposition to the opinion of others. In the case in which he excised the lower jaw when only twenty-seven years of age, we recognise his special diagnostic capabilities. The tumour (which had been thought of a malignant nature by others) he perceived to be of a benign character, and performed the operation with success, and with but little deforming results.*

* See *Contributions to the Pathology and Practice of Surgery*, 1848, pp. 14, 15.

Many other illustrations might be given of this great power, but they are unnecessary. His singular capacity was acknowledged by the public and the profession during his lifetime, and by his contemporaries in other lands.

Mr. Syme, although a fearless, steady, and ready operator, was never a dashing or showy one; what he did was always well and securely done, and without any unnecessary delay. Some of the operations of his later years were so great, and so closely bound up with the life of his patient, that they may be pronounced to be among the boldest that exist in the annals of Surgery. To cut into a large aneurismal tumour, as he did in his operations on those of the axillary, carotid, iliac, and gluteal, find the injured portion of the artery, stop the flow of blood, and succeed in passing a ligature both above and below the injured orifice, was bolder surgery than the lopping off of limbs, or cutting for the stone; but this he did with calmness and firmness, and sometimes when every countenance around him was the picture of anxiety and dread, whilst his alone remained unmoved.

And now let us see what he did for the Surgery of his day. He found Surgery in many respects unworthy of its position, whether as a science or an art; he left it, both scientifically and practically, corrected and improved. He found it based in many instances on false reasoning, which resulted in erroneous conclusions. He corrected many of these, and thus brought about more satisfactory results. In this course he was sometimes a pioneer, pointing the way, as it were, to what might

be accomplished in Surgery, as in his description of the treatment of "callous ulcers," and the theory of the treatment of incised wounds which has now been so generally adopted. He exhibited his conservative tendencies in the saving of limbs and other parts, by adopting methods which had been introduced and recommended by others, but which had fallen into desuetude, as was prominently illustrated in his revival of the operation for excision of joints, now so largely practised. The same remarks apply to his adoption of Chopart's operation at the tarsus, which he afterwards modified; but seeing that his own improvement often ended in a defective stump, he was not long in proposing that new operation which bears his name, viz. amputation at the ankle-joint. This operation, now so generally esteemed by surgeons, has been pronounced the least fatal amputation in Surgery, while it is equally conspicuous for the utility of the stump that results from it.

Another illustration of his adoption of the old methods of Surgery will be found in his operations on aneurismal tumours. The old practice was to cut into the tumour and tie the artery both above and below the opening. This practice had been completely abandoned after the Hunterian plan of operation had been introduced. This plan he followed for a time, but with such doubtful results, in aneurism at the bend of the arm, that he resolved to give a trial to the old method. The success of the experiment was so satisfactory, that he afterwards (although not abandoning the Hunterian plan) was induced to recommend the old method in certain aneu-

rismal tumours where the anastomotic branches are numerous, or where there is not room, as often happens in operations on the larger arteries, to tie the vessel between the aneurismal tumour and the heart. While thus practising both kinds of procedure, he pointed out clearly in what class of cases he chose the one, and in what the other. His reasons were always satisfactory, and his own success equally great.

We have already in these pages referred to the introduction of most of his surgical discoveries; and anything that could now be said would partake more of the nature of a repetition than afford additional information to the reader. Many of these improvements are still the standard operations of the day, and in all his improvements in Surgery and operative procedure, we descry a clear perception of the nature of those actions which are made manifest in disease, and as clear a method of meeting the difficulties in their treatment. His innovations in Surgery were never the result of a hap-hazard leap, but were always based on a due consideration of all the elements of the case.

His power of conveying knowledge to others, in a concise and practical form, was hardly more conspicuous than the attention and devotion of his students, and the love with which he inspired them. As a clinical teacher of Surgery he stood unrivalled. He early discovered the deficiencies of the old system, and at once set himself to introduce a new one; in fact, it may be said that there was no proper teaching of Clinical Surgery in Great Britain before his day. No one who ever saw him in his class-room, surrounded by his students, as

patient after patient was brought in, the case described in a few words, the operation, if necessary, performed, and a few sentences of explanation given, could doubt that he had before him the model of a great practical surgeon and clinical teacher. Mr. Syme was characterised as a teacher by great devotion to his subject; an earnestness of face and purpose soon attracted the attention of the student, which was rarely lost during the course of the lecture; and he had so many apposite experiences to record, that his clinical prelections were always eagerly sought after and highly esteemed.

While thus engaged in private and consulting practice, and teaching a large class of clinical students, he nevertheless found time to contribute largely to the periodical literature of Surgery. Besides his regularly published works, to several of which we have had occasion to refer, there appeared no less than 150 contributions on cases, papers, etc., in the medical press of Scotland, and fully 50 more in those of England and Ireland, besides a series of lectures on Clinical Surgery in the *Lancet*, which occupied the greater part of six months. Great as this labour must have been, no one would have recognised, from his conversation or manner, that such a load lay on his shoulders; but the toil then endured enabled him to reach that proud position in which he was recognised as the "first surgeon in Europe."

We reprint from the *Scotsman* of June 28, 1870, the following portion of the notice which appeared in that paper on the occasion of Mr. Syme's death. It came, we have reason to believe, from the pen of Professor

Lister, and gave a very able resumé of Mr. Syme's character and achievements as a surgeon :—

"As a practical surgeon Mr. Syme presented a remarkable combination of qualities ; and we have not known whether to admire most the soundness of his pathological knowledge ; his skill in diagnosis resembling intuition, though in reality the result of acute and accurate observation and laborious experience, well stored and methodised ; the rapidity and soundness of his judgment ; his fertility in resources as an operator, combined with simplicity of the means employed ; his skill and celerity of execution ; his fearless courage ; or the singleness of purpose with which all his proceedings were directed to the good of his patients.

"In striving to promote the progress of Surgery, Mr. Syme always aimed at establishing sound principles ; and though his mind was ever open to the reception of new truth, it relied firmly upon that which had been once securely determined. Nothing can better illustrate this than his conduct with regard to ligature of the femoral artery for popliteal aneurism. Convinced that the principles upon which the safety of the operation depends were not sufficiently appreciated by surgeons generally, but that, if duly carried out, they must ensure satisfactory results, he enunciated these principles with the utmost clearness in his first papers on the subject, and expressed as much confidence in the treatment based upon them, as he could have done at the close of his career, when looking back upon his own unparalleled success in this operation.

"To instil sound principles into the mind of his students was Mr. Syme's constant aim as a teacher, and his lucid expositions, expressed with remarkable terseness and vigour, and illustrated in the happiest manner by facts brought under the eyes of his pupils, or by anecdote often enlivened by humour, or accompanied by the keenest sarcasm when exposing what was base and dishonest, have produced an impression for good upon two generations of medical men which it is impossible to estimate. Many have attributed all their success as practitioners to the influence of Mr. Syme's teaching.

"Though he valued the spontaneous expression of the esteem of the wise and good, he never either directly or indirectly sought the distinctions of rank or title. Nevertheless honours flowed in upon him abundantly from various parts of the world, affording ample testimony of the general appreciation of his genius and his achievements. Of the many tributes of respect paid to him by his professional brethren, none probably gave him more gratification than the proposal communicated to him, and, it is believed, only prevented by his illness from being carried out, that he should become President of the Medical Council of the United Kingdom.

"The most prominent feature of Mr. Syme's character was uncompromising truthfulness; and with the love of what was true and noble was combined, in a corresponding measure, the detestation of what he believed to be counterfeit and base. As he expressed his sentiments with the utmost candour, he not unfrequently gave personal offence, though, in the great majority of cases, this was only transient. But whatever may have been thought of his free speaking by some individuals, the profession and the world at large owe him an incalculable debt of gratitude for the noble stand he was at all times ready to make against meanness and falsehood. This striking trait in his character was well displayed in his conduct with regard to the site of the new Infirmary.

"He did battle in favour of the locality, which, thanks to his exertions, is now almost universally approved of, with a zeal proceeding from the conviction that he was advocating the cause of the public good; although in doing so he laid himself open to the charge of inconsistency—having at a former period expressed an opinion in favour of the old site. This, however, he did not at all regard. When convinced that a thing was right, he considered his own personal feelings as little as those of others, in his direct and immediate pursuit of it.

"The hostility which he excited in a few was greatly outweighed by the friendship he inspired in the many. Rarely is it granted to any one to attach to himself the enduring love and admiration of so large a number of his fellow-men. This was

due not only to his perfect genuineness of character, which could not fail to gain respect even from those who differed from him, but also to another quality, as essential as truthfulness to a good surgeon—a most warm heart, a true love for his fellow-creatures, and a general appreciation of sterling merit in whatever form it might present itself. Mr. Syme, in short, besides being a surgical genius of the highest order, was a perfect gentleman, and a good, as well as a great man."

His connection with the University of Edinburgh was always to him a matter of pride; and when the history of it in those days comes to be fully written, probably no higher names will be found on its pages than those of Syme and his contemporaries—Alison, Christison, Goodsir, and Simpson.

Nevertheless, the "monumentum· ære perennius" to our great clinical teacher will be his unrivalled surgical achievements, in the performance of which he displayed all the great elements of character so sententiously expressed by his old and attached friend Dr. John Brown, when inscribing his "Locke and Sydenham" to his old master—

VERAX—
CAPAX, PERSPICAX—
SAGAX, EFFICAX—
TENAX.

APPENDIX.

List of MR. SYME'S *published Works and Papers, with their dates.*

1817. Discovers a cheap solvent for Caoutchouc.
1818. Communicates it to the Annals of Philosophy.
1824. Successful case of Amputation at Hip-Joint.
1824. Remarks on Amputation.
1824. Anatomical remarks on the Fasciæ of the Groin.
1825. Remarks on the Treatment of Incised Wounds.
1825. Letter to Editor of Journal intimating the Invention of an Instrument for dilating the female Urethra.
1826. Case of Fracture of the Neck of Femur.
1826. Case of Recovery from extensive exfoliation of the Vertebra Dentata.
1826. Case in which the Head of the Humerus was successfully excised.
1828. History of a case of Obstruction of the Arteries from an Internal Cause.
1828. Case of Moveable Cartilages in the Bursa of the Sartorius.
1828. Case of extensive internal Exostosis of Skull, and Abscess of Brain, destroying great part of both anterior lobes, with an account of the previous mental state of the patient.
1828. Case of Osteo-Sarcoma of Lower Jaw removed, with a plate.
1828. Essay on the Nature of Inflammation.
1829. On Exfoliation from the Bones of the Pelvis.
1829. Three cases in which the Elbow-Joint was successfully excised.

1829. Case of Aneurismal condition of the posterior Auricular and Temporal Arteries.
1829. Case of Excision of the whole Upper Jaw-Bone.
1829. *First* Report of Cases treated in the Edinburgh Surgical Hospital at Minto House, for the quarter beginning 8th May and ending 8th August.
1829. *Second* Quarterly Report of Surgical Hospital, from August to November 1829.
1830. *Third* Quarterly Report, from November to February.
1830. *Fourth* Quarterly Report, from March to June.
1830. *Fifth* Quarterly Report, from 8th April to 8th August.
1831. *Sixth* Report, from August 1830 to February 1831.
1831. Case of spontaneous Varicose Aneurism.
1831. On Excision of diseased Joints.
1831. *Seventh* Report of Edinburgh Surgical Hospital, from February to August 1831.
1832. *Eighth* Report of Edinburgh Surgical Hospital, from 8th August 1831 to 8th February 1832.
1832. Principles of Surgery. 1st edition.
1832. *Ninth* Report of Edinburgh Surgical Hospital, from February to August 1832.
1833. *Tenth* Report of Edinburgh Surgical Hospital, from August 1832 to February 1833.
1833. *Eleventh* Report of Edinburgh Surgical Hospital, from February to August 1833.
1834-5. *Twelfth* Report of Surgical Hospital for the Winter Sessions 1834-5.
1835. Clinical Report of Cases treated in the Royal Infirmary during the summer session of 1835.
1836. *Fourteenth* Report of Surgical Cases, 1st October 1836.
1837. Principles of Surgery. 2d edition.
1837. Case of Fibro-Cartilaginous Tumour of Humerus, etc.
1838. Surgical Cases by James Syme, Professor of Clinical Surgery, and Surgeon in Ordinary to the Queen for Scotland.
1838. Diseases of the Rectum.
1839. On the Power of Periosteum to form New Bone.

1841. Surgical Cases and Observations in Monthly Journal of Medical Science.

1841. Cases in Surgery from the Clinical Practice of Mr. Syme, reported by his House Surgeon, J. H. Hardie, M.D., Edinburgh.

1841. New Operation for removal of Cartilaginous Bodies in Joints.

1842. Principles of Surgery, enlarged, and illustrated with 64 woodcuts and 14 plates. 3d edition.

1842. Surgical Cases and Observations, in Monthly Journal for November.

1842. Surgical Cases and Observations, in same Journal for December.

1843. Surgical Cases and Observations for February.

1843. Surgical Cases and Observations for April.

1843. Surgical Cases and Observations for November.

1844. Surgical Cases and Observations for August.

1844. Surgical Cases and Observations for October.

1845. Surgical Cases and Observations for January.

1845. Surgical Cases and Observations for April.

1845. Surgical Cases and Observations for May.

1845. Surgical Cases and Observations for July.

1845. Surgical Cases and Observations for October.

1845. Surgical Cases and Observations for November.

1845. Letter to Sir James Graham on Medical Reform.

1846. Surgical Cases and Observations for February.

1846. On Amputation at the Ankle. *August.*

1846. On Amputation at the Thigh. *November.*

1846. Amputation at Shoulder-Joint for Axillary Aneurism. *December.*

1847. On Restoration of the Upper and Lower Lips. *March.*

1847. On Fungus of the Testis.

1847. On the use of Ether in the performance of Surgical Operations.

1847. Correspondence with Mr. Cæsar Hawkins on the Treatment of Fungus Testis. *August.*

1847. Case of Axillary Aneurism for which the Subclavian Artery was tied with success. *October.*

1847. Case of Tumour of the Neck, simulating Aneurism of the Carotid Artery. *November.*

1848. Contributions to the Pathology and Practice of Surgery.

1849. Tumour of Cheek, with Varicose Veins and Phlebolites.

1849. Case of Necrosis of Femur after Amputation in the lower third of Thigh. *March.*

1849. On Stricture of the Urethra, and Fistulæ in Perineo. 8vo, pp. 72.

1850. Case of Hernia strangulated within the Abdomen, and remedied by operation. *January.*

1850. On Spermatocele and Hydrocele. *January.*

1850. Cases in Clinical Surgery. Amputation at Ankle. *February.*

1850. Cases in Surgery. *March.*

1850. Letters on the use of Caustic for the Treatment of Stricture of the Urethra.

1850. Cases in Surgery. *August.*

1850. On the Excision of Enlarged Tonsils. *September.*

1850. Cases of Fibrous Polypus. *November.*

1850. Comparative expediency of Lithotomy and Lithotrity, with reference to the use of Chloroform. *December.*

1851. Case of Popliteal Aneurism. *January.*

1851. Lecture introductory to the course of Clinical Surgery, winter session, 1850-51.

1851. Lecture on Clinical Surgery. 9*th January* 1851.

1851. Lecture on Clinical Surgery. 16*th January* 1851.

1851. Case of Stricture of the Urethra treated by External Incision. *April.*

1851. On the Treatment of Strictures by External Incision. *May* 1851.

1851. On the Treatment of Strictures by External Incision. *June* 1851.

1851. On the Treatment of Strictures by External Incision. *July* 1851.

1851. Reports on Clinical Surgery. *July* 1851.

1851. Treatment of Stricture by External Incision. *August* 1851.

1851. On the Remedy of Stricture by External Incision. *September* 1851.
1851. On the Treatment of Aneurism.
1851. Supplement to "Principles of Surgery."
1852. Extract from Clinical Lectures. *June.*
1852. Extract from Clinical Lectures. *July.*
1852. Diseases of Nose and Pharynx. *September.*
1852. Address as Promoter of Medical Faculty at Annual Graduation. *August* 1852.
1852. On a New Mode of remedying Cartilaginous Bodies in the Knee-Joint. *November.*
1853. On the Improvements which have been introduced into the practice of Surgery in Great Britain within the last thirty years. *April.*
1853. On the danger of Gutta-percha Bougies. *May.*
1853. On a cause of Deafness not hitherto described. *May.*
1853. Reclamation to Imperial Academy of Medicine of France on the subject of the Treatment of Stricture of the Urethra. *May.*
1853. Reclamation to the President of the Provincial Association on the same subject. *May.*
1853. Clinical Lecture on Carbuncle and Fistula in Ano. *July.*
1853. Removal of a Foreign Body from the Larynx. *August.*
1853. On a new form of director for the remedy of Stricture by external incision. *August.*
1853. Reports of Surgical Cases in the Hospital. *October.*
1853. Reports of Surgical Cases in the Hospital practice of Mr. Syme, by W. M. Dobie, late House Surgeon. *November.*
1854. On the Pedunculated Exostoses of the long bones. *January.*
1854. On the operation for Split Palate. *April.*
1854. Letter to Lord Palmerston on Medical Reform.
1855. Clinical Lectures in *Lancet.* *January* to *June.*
1856. *July.* Cases and Observations in Surgery.
1856. *August.* Cases and Observations in Surgery.
1857. *May.* Cases and Observations in Surgery.
1857. *June.* Cases and Observations in Surgery.
1857. *July.* Cases and Observations in Surgery.

1857. *August.* Cases and Observations in Surgery.
1857. *September.* Cases and Observations in Surgery.
1857. *October.* Cases and Observations in Surgery.
1857. *November.* Cases and Observations in Surgery.
1857. Second Letter to Lord Palmerston on Medical Reform.
1861. On the Radical Cure of reducible Hernia. *April.*
1861. Review of Observations in Clinical Surgery.
1862. Notice of Cases treated in Professor Syme's clinical wards, by T. Annandale, Esq.
1862. *February.* do. do. do.
1862. *March.* do. do. do.
1862. Case of Iliac Aneurism, remedied by opening the sac and tying the common Iliac, the external Iliac, and the internal Iliac arteries.
1862. *August.* Report of Cases treated in Mr. Syme's wards, by T. Annandale, Esq.
1862. Report on Surgical Cases in Mr. Syme's Wards by Mr. Annandale, for August and September.
1863. *Friday,* 27th *February.* Conversazione at Royal College of Surgeons. Read case of Excision of Scapula.
1863. Work on Excision of the Scapula.
1864. Observations on Medical Education.
1865. Excision of the Tongue. *March.*
1866. On Amputation at the Knee. *April.*
1866. Ligature of the Femoral Artery for the thirty-fifth time, with remarks on the Treatment of Aneurism. *May.*
1866. Elephantiasis of Scrotum. *November.*
1868. Case of Strangulated Hernia in which the symptoms continued after reduction of the Tumour. *January.*